

W40000069820

(Donor/Entity Name)

**HAIMES CENTRE CLINIC
THE ANTI-AGING INSTITUTE
7300 N. FEDERAL HIGHWAY SUITE 100
BOCA RATON, FL 33487**

(City/State/Zip/Phone #)

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04 SEP 20 PM 4:05
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
PROGRESSIVE LONGEVITY, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is Progressive Longevity, LLC

ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

ARTICLE III - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 8217 West Atlantic Boulevard, Coral Springs, Florida 33071.

ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Limited Liability Company is Leonard Haimen, 8217 West Atlantic Boulevard, Coral Springs, Florida 33071.

ARTICLE V - Management:

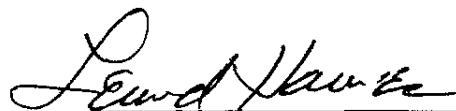
The Limited Liability Company is to be managed by a manager or managers and the names and addresses of the initial managers who are to serve as managers are:

Chris J. Capece
8217 West Atlantic Boulevard
Coral Springs, Florida 33071

Leonard Haimen
8217 West Atlantic Boulevard
Coral Springs, Florida 33071

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TALLAHASSEE FLORIDA

Whereof, the undersigned member has executed these Articles the 16 day of
September 2004.

A handwritten signature in dark ink, appearing to read "Leonard Haimes", written over a horizontal line.

Leonard Haimes

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507,
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:


Progressive Longevity, LLC

2. The name and address of the registered agent and office is:

Leonard Haimes
8217 West Atlantic Boulevard
Coral Springs, Florida 33071

By: 
Leonard Haimes, Registered Agent

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Leonard Haimes (Signature)

9/16/04
(Date)