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## Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To: Division of Corporations  
Fax Number : (850) 922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA PROFIT CORPORATION OR P.A.

## LONGGEVITY CENTER OF USA, INC.

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**FLORIDA DEPARTMENT OF STATE**  
Katherine Harris  
Secretary of State

March 13, 2000

FAS-T

SUBJECT: LONGEVITY CENTER OF USA, INC.  
REF: W00000006663

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

If you have any further questions concerning your document, please call (850) 487-6931.

Becky McKnight  
Document Specialist

FAX Aud. #: E00000011176  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

**OF**

**LONGEVITY CENTER OF USA, INC.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: LONGEVITY CENTER OF USA, INC.

The principal place of business of this corporation shall be: 3990 W. Flagler St #204  
Miami, FL 33134

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

P/D - Juan C. Mendez Abache  
3990 W Flagler St # 204  
Miami, FL 33134

VP/D - Henry E Pasos Palomino  
3990 W Flagler St # 204  
Miami, FL 33134

ST/D - Norma Perozo  
3990 W Flagler St # 204  
Miami, FL 33134

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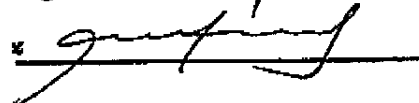
**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Juan C Mendez Abache  
3990 W Flagler St # 204  
Miami, Fl 33134

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 9 day of March, 19 2000

Signature(s) of Incorporator(s)

\*   
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation Longevity Center of USA, Inc.

2. The name and address of the registered agent and office is: Juan C Mendez TABACHE

3990 W Flagler St # 204  
(P.O. BOX NOT ACCEPTABLE)

Miami, Fl 33134

(CITY/STATE/ZIP)

SIGNATURE 

(corporate officer)

TITLE President

DATE 3/9/00

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE 3/9/00