CORPORATE FILING SERVICE INC. (Requestor's Name) 3940 W.FLAGLER ST. 2nd FLOOR 500003470025--4 -11/20/00--01030--024 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75 MIAMI, FLORIDA 33134 (305)444-4994 (City, State, Zip) (Phone #)

|  | OFFICE USE ONLY  |
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| corporation name(s) & document num  1. The Wellness & lovour | BER(S) (if known):   |
| (Corporation Name)   | (Document #)   |
| 2. (Corporation Name)  | (Document #)   |
| 3. (Corporation Name)  | (Document #)   |
| 4. (Corporation Name)  | (Document #)   |
| Walk in Pick up time   | Certified Copy   |
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# ARTICLES OF INCORPORATION OF

# THE WELLNESS & LONGEVITY CENTRE INTERNATIONAL, INC.

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

#### <u>ARTICLE I</u>

The name of this corporation shall be:

# THE WELLNESS & LONGEVITY CENTRE INTERNATIONAL, INC.

#### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

  To have perpetual succession by its corporate name.

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 1000 shares, having an individual par value of \$1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.



#### ARTICLE V

Each of the Shareholders covenants and agrees that he will not sell, assign, transfer, donate or otherwise dispose of, or pledge, hypothecate or otherwise encumber any of the shares of the Corporation's stock except upon the prior written consent of the remaining Shareholders.

### ARTICLE VI

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

Leopoldo Rios 1800 W. 49th Street Suite 207 Hialeah, FL 33012 The principal address shall be: 7220 NW 36<sup>th</sup> Street Suite 245 Miami. FL 33166

The principal mailing address shall be: 7220 NW 36<sup>th</sup> Street Suite 245 Miami, FL 33166

#### ARTICLE VII

The initial Board of Directors shall consist of a total of three (3) persons, and the names and addresses of the persons who are to serve as initial directors are:

PRESIDENT:

PHYLLIS JONES 7220 NW 36<sup>th</sup> Street Suite 245 Miami, FL 33166

VICE-PRESIDENT:
JOSEPH JONES
7220 NW 36<sup>th</sup> Street Suite 245
Miami, FL 33166

TREASURER/SECRETARY: RICHARD QUEVEDO 7220 NW 36<sup>th</sup> Street Suite 245 Miami, FL 33166

The name and address of the incorporator executing these Articles of Incorporation is:

LEOPOLDO RIOS 1800 W. 49th Street Suite 207 Hialeah, FL 33012



| IN WITNESS WHEREOF, the varicles of Incorporation this 13rd  |  |  |   | cuted these                                       |
|--|--|--|---|---|
| FRION _  |  |  |   |   |
| STATE OF FLORIDA   |  |  |   |   |
| COUNTY OF DADE   |  |  |   |   |
| BEFORE ME, a notary public au county set forth above, personally ap Quevedo, known to me and know foregoing Articles of Incorporation, a executed those Articles of Incorporati IN WITHNESS WHEREOF, I had in the state and county aforesaid, this | ppeared Phy<br>in by me to<br>and he (they<br>on.<br>ave hereunto<br>13rd day of | rllis Jones, Jo<br>be the pers<br>r) acknowledg<br>set my hand<br>November | oseph Jones and son (s) who expended the before me the and affixed my | ad Richard xecuted the at he (they) official seal |
|  |  | TARY PUBLI<br>LARGE  | C, STATE OF   | FLORIDA   |

My Commission Expires:

## <u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 is:                             |
|--|
| THE WELLNESS & LONGEVITY CENTRE INTERNATIONAL, INC.            |
|  |
|  |
| 2. The name and address of the registered agent and office is: |
| Leopoldo Ríos  |
| (NAME)   |
|  |
| 1800 W. 49th Street Suite 207                                  |
| (P.O.BOX NOT ACCEPTABLE)                                       |
|  |
| Hialeah, FL 33012  |
| (CITY/STATE/ZIP CODE)  |

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

Signature

Date 11/13/2000