

TRANSMITTAL LETTER

PO1000118294

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-12/13/01--01059--009
*****87.50 *****87.50

SUBJECT: PREVENTIVE AND LONGEVITY MEDICINE INSTITUTE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: GARY ANTHONY GALLO
Name (Printed or typed)

5440 PARK CENTRAL COURT #2
Address

NAPLES FL 34109
City, State & Zip

941-593-7766 OR 941-571-7981
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles

FILED
201 DEC 13 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gy 12/14

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

PREVENTIVE AND LONGEVITY MEDICINE INSTITUTE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5440 PARK CENTRAL COURT #2
NAPLES, FL 34109

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROMOTE OPTIMUM
HEALTH AND LONGEVITY THROUGH THE APPLICATION
OF PREVENTIVE MEDICINE

ARTICLE IV SHARES

The number of shares of stock is:

1500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

GARY A GALLO - PRESIDENT
195 MAHOGANY DRIVE
NAPLES, FL 34108

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

GARY A GALLO
195 MAHOGANY DRIVE
NAPLES, FL 34108

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIA GRIMM
THE COMPANY CORPORATION
1013 CENTRE ROAD
WILMINGTON, DE 19805

GARY A GALLO
5440 PARK CENTRAL COURT
#2
NAPLES, FL 34109

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Gary A Gallo / GARY ANTHONY GALLO
Signature/Registered Agent

12/12/01
Date

Gary A Gallo / GARY ANTHONY GALLO
Signature/Incorporator

12/12/01
Date

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