## P040000 22948

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## TRANSMITTAL LETTER

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

SUBJECT: Centers for Di (PROPOSED CORPO	Sease Prevention & Long RATE NAME - MUST INCLUDE SUFFIX)	evity, INC
Enclosed are an original and one (1) copy of the  \$70.00 \$\sum \$78.75\$  Filing Fee Filing Fee  & Certificate of Status	articles of incorporation and a check for:  \$78.75  Filing Fee  & Certified Copy  & Certificate of	
FROM: Barbara	ADDITIONAL COPY REQUIRED  J. GREEN ame (Printed or typed)	
6526 Vic	Address  Address  F/ 33446  Dity, State & Rip	
561-637 Daytir	ne Telephone number	-a

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

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:
Centers for Disease Prevention and Longevity, Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
6526 Via Vicenza, Delray Beach, Fl. 33446
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:
marketing and Distribution of products
ARTICLE IV SHARES The number of shares of stock is:  /OO
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):  President: Barbara J. Green
V.P. & Treasurer: Lewis E. GREEN
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:
Barbara J. Green
DCIRAY Beach Fl. 33446  ABTICLE WILL INCORPORATION
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Barbara J. GREEN
h / 11
Delray Beach F1.33446
**************************************
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Signature/Registered Agent Date
Butan 1 / New -01/22/54
Signature/Incorporator Date