



## TRANSMITTAL LETTER

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

**SUBJECT:** Ageless Corporation

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:** Claire D. Godfrey, M.D.

\_\_\_\_\_  
Name (Printed or typed)

202 West Cottesmore Circle

\_\_\_\_\_  
Address

Longwood, Florida 32779

\_\_\_\_\_  
City, State & Zip

407-620-6866

\_\_\_\_\_  
Daytime Telephone number

**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:

Ageless Corporation

04 SEP 24 PM 3:07

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

202 West Cottesmore Circle  
Longwood, FL 32779

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical Spa

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Claire D. Godfrey, M.D.  
Medical Director  
202 West Cottesmore Circle  
Longwood, FL 32779

Natalie Thompson  
Aesthetic Director  
841 Riverbend Blvd.  
Longwood, FL 32779

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Natalie Thompson  
841 Riverbend Blvd.  
Longwood, FL 32779

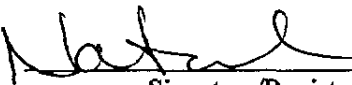
**ARTICLE VII INCORPORATOR**

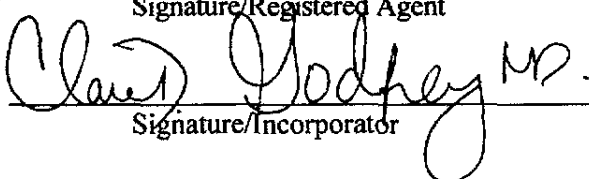
The name and address of the Incorporator is:

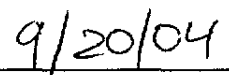
Claire D. Godfrey, M.D.  
202 West Cottesmore Circle  
Longwood, FL 32779

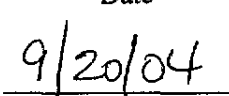
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date