

PO5000100707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TRANSMITTAL LETTER

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

SUBJECT: Customized Longevity, Inc.

(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: Robert S. Litman

Name (Printed or typed)

11402 SW 110th Lane

Address

Miami, FL 33176

City, State & Zip

305-389-4258

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:

Customized Longevity, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11402 SW 110 th Lane, Miami FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Marketing and sales of customized nutritional supplements

ARTICLE IV SHARES

The number of shares of stock is:

3000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert Litman	11402 SW 110th Lane, Miami FL 33176	President, CEO
Bill Richardson	708 Minorca Avenue, Coral Gables FL 33134	Vice President, CFO

ARTICLE VI REGISTERED AGENT

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

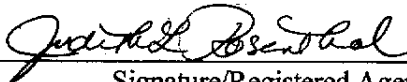
Judith Rosenthal, Esq
6521 SW 100 Street
Miami FL 33156

ARTICLE VII INCORPORATOR

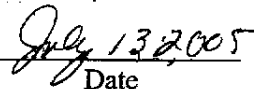
The name and address of the Incorporator is:

Robert Litman
11402 SW 110 th Lane
Miami FL 33176

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



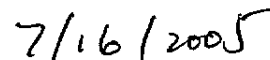
Signature/Registered Agent



Date



Signature/Incorporator



Date