

P05000113916

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((F05000196644 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

FILED
05 AUG 16 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

ANTI AGING MATRIX.COM, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

8/16/05
BUX

Electronic Filing Menu

Corporate Filing

Public Access Help

FILED

105 000 196 6443

10:51

ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

ANTI AGING MATRIX.COM, INC.

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

ARTICLE I

The name of this corporation shall be:

ANTI AGING MATRIX.COM, 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 purposed 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:

ANTI AGING MATRIX.COM, INC.

BERRIZ & GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

105 000 196 6443

105 000 196 6443.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

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

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

**DR. MARK SILVERMAN
701 SW 27TH AVE SUITE # 960
MIAMI, FL. 33135**

The principal office shall be:

**701 SW 27TH AVE SUITE # 960
MIAMI, FL. 33135**

105 000 196 6443.

405 000 196 6443.

ARTICLE VI

The initial Board of Directors shall consist of a total of **ONE(01)** person, and the name and address of the person who is to serve as an initial director is:

DR. MARK SILVERMAN
701 SW 27TH AVE SUITE # 960
MIAMI, FL. 33135

PRESIDENT

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

DR. MARK SILVERMAN
701 SW 27TH AVE SUITE # 960
MIAMI, FL. 33135

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 16 AUGUST 2005.

Dr. Mark Silverman
DR. MARK SILVERMAN

405 000 196 6443.

FILED

405 000 196 6443 AUG 16 AM 10:51

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE** SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provision 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:

ANTI AGING MATRIX.COM, INC.

2. The Name and Address of the registered agent and office is

**DR. MARK SILVERMAN
701 SW 27TH AVE SUITE # 960
MIAMI, FL. 33135**

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

Mark A. Silverman
Dated: AUGUST 16 2005.

405 000 196 6443.