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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : Vcorp SERVICES, LLC
Account Number : 12008000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Longevity Fitness Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2021 SEP -7 PM 4:01

2021 SEP -7 PM 3:40

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**ARTICLES OF INCORPORATION
OF
LONGEVITY FITNESS, INC.**

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

**ARTICLE I
NAME**

The name of the corporation shall be: Longevity Fitness, Inc.

**ARTICLE II
PRINCIPAL OFFICE**

The principal place of business/mailling address is: 1614 Beach Pkwy - Suite 105, Cape Coral, Florida 33904

**ARTICLE III
PURPOSE**

The purpose for which the corporation is organized is: the development, furtherance, marketing and sales of fitness, wellness, and physical development, self-care therapeutic and rehabilitation programs, applications, education, and related products for the general public and fitness to therapeutic industry professionals.

**ARTICLE IV
SHARES**

The number of shares of stock is: 15,000 (fifteen thousand) shares of common stock

**ARTICLE V
INITIAL OFFICER/DIRECTOR**

The name address and title(s): Sue Hitzmann – 1614 Beach Pkwy - Suite 105, Cape Coral, Florida 33904; Director, President, Secretary and Treasurer

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**ARTICLE VI
REGISTERED AGENT**


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

Vcorp Services, LLC
5011 South State Road 7, Suite 106
Davie, FL 33314

**ARTICLE VII
INCORPORATOR**

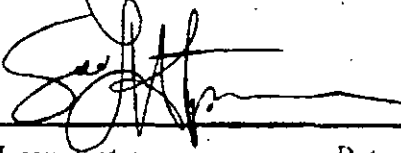
The name and address of the **Incorporator** is: Sue Hitzmann 1614 Beach Pkwy - Suite 105,
Cape Coral, Florida 33904

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.

 Mimi Sanik 09/07/21

Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155 F.S.

 8.31.21

Incorporator Date