

P96000005456
TRANSMITTAL LETTER

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

RECEIVED
01/05/96 01:05:01
*****70.00 *****70.00

SUBJECT: Aging Well, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Nancy Berkowitz Zimmer Ph.D.
Name (printed or typed)

4000 Towerside Terrace #601
Address

Miami Florida 33139
City, State & Zip

305 895-5922
Daytime Telephone number

SN JAN 18 1996

TALLAHASSEE, FLORIDA

96 JAN 16 AM 10:34

FILED

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 4, 1996

NANCY A. ZIMMER, PH.D.
4000 TOWERSIDE TERR., NO. 601
MIAMI, FL 33138

The name AGING WELL INC. has been reserved for 120 days beginning January 4, 1996. The reservation number is R96000000046 and this reservation is **NONRENEWABLE**.

A reservation is not a grant of authority to use the name. It is only a withholding of a name from its availability for use by another. When the proposed document is submitted, the name will **AGAIN** be checked against the records of the Division and if still no conflict exists and all other requirements are met, the reserved name shall be filed as the entity name.

The Division of Corporations is a ministerial filing office and may not render legal advice. The Division does not adjudicate the legality of any corporate name or arbitrate disputes between entities. You may wish to review other laws such as common law rights, including rights to a trade name; United States Federal Trademark Act, Section 1051 (Lanham Act); Chapter 486, Florida Statutes, Registration of Trademarks and Service Marks (Florida Trademark Act) and Section 865.09, Florida Statutes (Fictitious Name Act).

If someone else submits the document for filing, it must have a copy of this letter attached.

Should you have any questions regarding this matter, please telephone (904) 488-9000, the Name Availability Section

Becky McKnight

Letter number: 396A00000444

ARTICLES OF INCORPORATION

FILED
26 JAN 16 AM 10:35
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Aging Well, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4000 Towerside Terrace #601
Miami Fl 33138

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

18

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nancy Berkowitz Zimmer Ph.D.
4000 Towerside Terrace #601
Miami Fl 33138

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Nancy Berkowitz Zimmer Ph.D.
4000 Tower Side Terrace #601
Miami FL 33138

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15 day of January, 19 96.

Nancy Berkowitz Zimmer Ph.D.
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Aging Well, Inc.
2. The name and address of the registered agent and office is:

Nancy Berkowitz Zimmer Ph.D.
(NAME)

4000 Towerside Terr. #601
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami Fla 33138
(CITY/STATE/ZIP)

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.

Nancy Berkowitz Zimmer Ph.D.
(SIGNATURE)

1-15-96
(DATE)