

P96000103406

TRANSMITTAL LETTER

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

FILED
36 DEC 23 1996

SUBJECT: SATORI LONGEVITY FOODS, INC.
(Proposed corporate name - must include suffix)

400002083714--5
-12/27/96--01092--006
*****70.00 *****70.00

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: ROBERT G. TERRELL
Name (Printed or typed)

5594 AVE G. PO BOX 155
Address

MCINTOSH FL 32664
City, State & Zip

352 591 2374
Daytime Telephone number

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

mc 12/26/96

ARTICLES OF INCORPORATION

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:

SATORI LONGEVITY FOODS, INC.

ARTICLE II PRINCIPAL OFFICE

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

5590 AVE G

P.O. BOX 155

MCINTOSH FLORIDA 32664

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERT G. TERRELL

5594 AVE G.

P.O. BOX 155

MCINTOSH FLORIDA 32664

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ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is :

VALERIE A. SARTOR
5590 AVE G
PO BOX 155
MCINTOSH FLORIDA 32664

The undersigned incorporator has executed these Articles of Incorporation this

18th day of DECEMBER, 1996.

Valerie A. Sartor
Signature

**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 SATORI LONGEVITY FOODS, INC.

2 The name and address of the registered agent and office is:

ROBERT G. TERRELL
(NAME)

5594 AVE. G
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

M^CINTOSH FL 32664
(CITY/STATE/ZIP)

FILED
DEC 20 1996
TALLAHASSEE, FL

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.

Robert G. Terrell
(SIGNATURE)

12/18/96
(DATE)