

P97000094685

TRANSMITTAL LETTER

FROM:

Name of corporation:

Agapé Therapies, Inc.

Street address of the corporation

401 Golden Isles Dr.
#1010
Hallandale, Fl. 33009

DEAR CORPORATIONS DIVISION:

Please find enclosed:

1. An original Articles of Incorporation and one copy for the above named corporation.
2. A certified check or money order in the amount of \$ 70.00 for filing fees.

(\$35.00 Articles of Incorporation
\$35.00 Certificate of Designation of
Registered Office and Registered Agent)
A certified copy ☐ is ☒ is not requested.
If a certified copy is requested, the additional fee in the amount of \$ 70.00 is enclosed.

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*****70.00 *****70.00

Please send responses or receipts concerning this filing to the above address.
Thank you very much.

Date: 2 October 1997
Name of Incorporator: Linda Olsen

Signature of Incorporator:

Linda Olsen

FILED
97 NOV -4 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W97-23171

me 11/5/97



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

October 10, 1997

LINDA OLSEN
401 GOLDEN ISLES DR.
#1010
HALLANDALE, FL 33009

SUBJECT: AGAPE THERAPIES, INC.
Ref. Number: W97000023171

We have received your document for AGAPE THERAPIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6067.

Neysa Culligan
Document Specialist

Letter Number: 897A00049725

ARTICLES OF INCORPORATION
of

Agapé Therapies, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of Incorporation for the purpose of forming a for-profit corporation.

Article 1. The name of the Corporation is:

Agapé Therapies, Inc.

Article 2. The principal place of business and mailing address of this corporation is:

401 Golden Isles Dr. #1010 Hallandale, fl.33009

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Article 3. The corporation is authorized to issue one class of stock, that being shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

Article 4. The name and address of the corporation's initial registered agent is:

Linda Olsen 401 Golden Isles Dr. #1010 Hallandale, Fl.33009

Article 5. The name and street address of the incorporator of this corporation is:

Linda Olsen 401 Golden Isles Dr. #1010 Hallandale, Fl.33009

Article 6. No Director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the forgoing Articles of Incorporation are true, and that the incorporator is at least eighteen years of age.

Date: 1 October 1997

Name of Incorporator: Linda Olsen

Signature of Incorporator:



**CERTIFICATE OF DESIGNATION
OF
REGISTERED OFFICE AND REGISTERED AGENT**

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

1. The name and address of the corporation's registered agent and registered office is:

Name

Linda Olsen

Street address

**401 Golden Isles Dr.
#1010
Hallandale, Fl. 33009**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Having been named as the 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 of registered agent:

Linda Olsen, President

Date of signature:

2 October 1997