

P99000007078

TRANSMITTAL LETTER

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

500002746505--8

-01/19/99--01129--001

*****87.50 *****87.50

SUBJECT: Longevity and Anti-Aging Institute 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Dr. Nancy Zimmer
Name (Printed or typed)

323 Palm Blvd.
Address

Weston Fla 33326
City, State & Zip

954-385-7119 Nancy
Daytime Telephone number

AUTHORIZATION BY PHONE TO
CORRECT Articles
DATE 1/25/99
DOC. EXAM. mm

99 JAN 19 PM 3:25
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GAVE

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

LONGEVITY AND ANTI AGING INSTITUTE INC.

ARTICLE II PRINCIPAL OFFICE

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

323 Palm Blvd.
Weston, Fla 33326

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 Florida street address of the initial registered agent are:

Dr. Nancy Zimmer
323 Palm Blvd.
Weston, Fla, 33326

ARTICLE V INCORPORATOR

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

Dr. Nancy Zimmer
323 Palm Blvd.
Weston Fla 33326

Nancy Zimmer
Signature/Incorporator

Jan. 18 1999
Date

(An additional article must be added if an effective date is requested.)

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 Zimmer
Signature/Registered Agent

Jan 18 1999
Date

FILED
99 JAN 19 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA