# P99000045159

## Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number :- (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

#### FOREEVER LIFE INC.

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|---------|
| 1       |
| 03      |
| \$78.75 |
|         |

99 MAY 18 PM 3: 14
SECRETARY OF STATE

B. McKnight MAY 1 8 1999

#### ARTICLES OF INCORPORATION

#### <u>QE</u>

FOREVER LIFE INC.

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

#### **ARTICLE LNAME**

The name of the corporation shall be: FOREVER LIFE INC.

The principal place of business of this corporation shall be:

995 W 23 ST APT. 2 HIALEAH FL 33010

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED SHARES (100) AT ONE DOLLAR (1,00) PER SHARES.

## ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

ELSA SARIOL

995 W 23 ST APT 2 HIALEAH FL 33010

Prepared By: Dora E. Gonzalez 7080 West 16th Ave. Hialeah, Florida 33014 Phone#(305)-557-5090

#### ARTICLE VI\_INCORPORATOR(S)

| The   | name(s)     | and    | street | address(es) | of | the | incorporator(s) | to | this | articles | 0 |
|-------|-------------|--------|--------|-------------|----|-----|-----------------|----|------|----------|---|
| incor | poration is | s(are) | i:     |             |    |     |                 |    |      |          |   |

ELSA SARIOL

995 W 25 ST APT 2 HIALEAH FL 33010

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 17 day of MAY, 19 00.

Signature(s) of Incorporator(s)

ELSA SARIOL

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 corp | oration <u>FOREVER LIFE INC.</u>          |            |      |
|-------------------------|---|------------|------|
| 2. The name and address | ss of the registered agent and office is: | _<br>.ლ. ფ |      |
| ELSA SARIOL             | 995 W 23 ST APT 2                         | AWN 66     | ==== |
|                         | (P.O. BOX NOT ACCEPTABLE)                 |            | œ    |
| HIALEAH FL 33010        |   |            | -    |
|                         | (CITY/STATE/ZIP)                          |            |      |
|                         |   | ို့ ယူ     |      |
| -                       | all de 9                                  | =          |      |
|                         | SIGNATURE (corporate officer)             |            |      |
|                         | ELSA SARIOL                               |            |      |
|                         | TITLE PRESIDENT                           | T          |      |
|                         |   |            |      |
|                         | DATE MAY 17, 1999                         | <u> </u>   |      |

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

ELSA SARIOL

ATE . 5-17-99