

TRANSMITTAL LETTER

P99000056261

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

300002908543--5
-06/18/99--01029--017
*****78.75 *****78.75

SUBJECT: AGE REVERSAL SOFTWARE, 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: STEVEN GROSS
Name (Printed or typed)

10597 LAKE JASMINE DRIVE
Address

BOCA RATON, FL. 33498
City, State & Zip

561-487-1200
Daytime Telephone number

99 JUN 18 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

CP
u-2-25
9

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:

AGE REVERSAL SOFTWARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

10597 CAKE JASMINE DR. BOCA RATON FL 33498

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

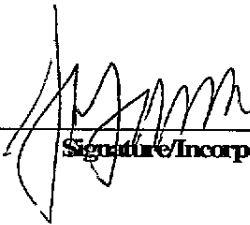
The name and Florida street address of the initial registered agent are:

JENNY GROSS
10597 CAKE JASMINE DRIVE
BOCA RATON, FL 33498

ARTICLE V INCORPORATOR

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

STEVEN GROSS
10597 CAKE JASMINE DR.
BOCA RATON, FL 33498



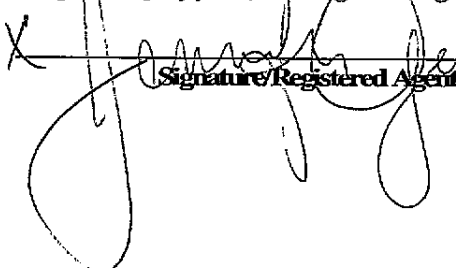
Signature/Incorporator

6/13/99

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.



Signature/Registered Agent

6/13/99

Date

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99 JUN 18 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA