

TRANSMITTAL LETTER

P99000107965

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

SUBJECT: The Immortality Store Inc.
(Proposed corporate name - must include suffix)

300003067619--2
-12/13/99--01078--018
*****78.75 *****78.75

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: Lloyd Silverman
Name (Printed or typed)

4491 S. State Rd 7 # 377
Address

Davie, Florida
City, State & Zip

(954) 321-6669
Daytime Telephone number

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

99 DEC 13 AM 4:10

FILED

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

aj 12/14

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:

The Immortality Store Inc.

ARTICLE II PRINCIPAL OFFICE

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

4491 South State Road 7 #314
Davie, Florida 33314

ARTICLE III SHARES

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

5000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lloyd Silverman
4491 South State Road 7 #314
Davie, Florida 33314

ARTICLE V INCORPORATOR

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

Lloyd Silverman, president
4491 South State Road 7 #314
Davie, Florida 33314

Lloyd Silverman
Signature/Incorporator

Lloyd Silverman

12/10/99
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

Lloyd Silverman
Signature/Registered Agent

Lloyd Silverman

12/10/99
Date

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99 DEC 13 AM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA