

P09000033262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

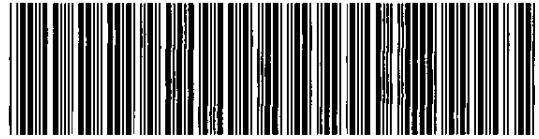
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APPROVED  
AND  
FILED  
09 APR 13 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Liberator Health and Wellness, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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:** Robert J. Davis

Name (Printed or typed)

PO Box 446

Address

Stuart, FL 34995

City, State & Zip

(772)287-2414

Daytime Telephone number

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

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Liberator Health and Wellness, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2931 SE Gran Park Way, Stuart, FL 34997

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any business that is legal.

## ARTICLE IV SHARES

The number of shares of stock is:

50,000,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mark Libratoro, 2979 SE Gran Park Way, Stuart, FL 34997 President, Treasurer, Secretary, Director

Robert J. Davis, 2979 SE Gran Park Way, Stuart, FL 34997 CFO

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Mark Libratoro, 2979 SE Gran Park Way, Stuart, FL 34997

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mark Libratoro, 2979 SE Gran Park Way, Stuart, FL 34997

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent Mark Libratoro

4-10-09

Date



Mark Libratoro  
Signature/Incorporator

4-10-09

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 APR 13 PM 12:10

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AND  
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