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	_
Vitmor II Inc.	
Please Debit FCA000000003 For: 70	
Thank you Seth Neeley	
1 ///	_
At 9/	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ /	Officer Search
	Fictitious Search
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COVER LETTER

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

SUBJECT: VITMOR II INC.				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: Bared & Associates, P.A.	(Printed or typed)			
201 Alhambra Circle, Sui	te 501 ddress			
Coral Gables, FL 33134	State & Zip			
305-666-6010 Daytime Te	elephone number			
mimi@baredlaw.com E-mail address: (10 be used	for future annual report notification)			
NOTE: Please provide the or	iginal and one copy of the articles.			

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

ARTICLE I	NAME VITMOR II INC.		
The name of the c	orporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	201 Alhambra Circle		
	Suite 501		
ĺ	Coral Gables, FL 33134		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
	awful business.		
ARTICLE IV	SHARES		
	ares of stock is:100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	
Name and T	ide:Roque Vitanza	Name and Title	::Maria E. Morales, Secretary
Address:	201 Alhambra Circle	Address:	201 Alhambra Circle
	Suite 501	<u> </u>	Suite 501
	Coral Gables, FL	_ 	Coral Gables, FL 33134
Name and T	itle:	Name and Title	» ·
Address:		Address:	·
Audiess.			
Name and T	Title:	Name and Title	·
Address:		Address:	
			
	REGISTERED AGENT	A of the engistered one	and ice
	orida street address (P.O. Box NOT acceptable	e) of the registered age	ent is:
Name: Address:	Pablo R. Bared, Esq.		.5 25
Address:	201 Alhambra Circle, Suite 501 Coral Gables, EL 33134		÷ 🗀
	Coral Gables, EL 33 134		rein significant
ARTICLE VII	INCORPORATOR		
	dress of the incorporator is:		
Name:	Pablo R Bared Esq.		ω
Address:	201 Alhambra Circle, Suite 501 Coral Gables, FL 33134	_ 	
			and the second second
Having been nam	ed as registered agent to accept service of pro m faniliar with and accept the appointment as	cess for the above st	ated corporation at the place designated
inis cerujicaie, i a	m Jamular with and accept the appointment us	registered agent and	agree to act in this capacity
			6/13/2023
	Required Signature/Registered Agent		Date
			and an all a state of the Constitution of the state of the
l submit this docu	iment and affirm that the facts stated herein	ure true. I am aware	e that the Jaise injormation submitted in
tocument to the D	epartment of State constitutes à third degree fe	iony as provia c a jo r i	п 3.017.193, г.з.
			6/12/2022
			6/13/2023 Date
	Required Signature/Incorporator		Date