TRANSMITTAL LETTER

199800083135

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

200002649252--5 -09/24/98--01076--023 *****78.75 *****78.75

CTID	JECT:
200	JECT:

MEGAVIT, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original	and one(1) copy of the arti	icles of incorporation and a	check for:	
☐ \$70.00 Filing Fee		□\$122.50 Filing Fee & Certified Copy	S131.25 Filing Fee Certified Copyo & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	FRANK RAMOS	(Printed or typed)	A 9: L3	
	4595 SW 139 COURT UNIT C			
	Address		GAVE	
	MIAMI FL 33175		AUTHORIZATION BY PHONE TO	
	City, State & Zip		CORRECT Mue as adoress	
	305-825-8732		DATE	
Daytime Telephone number DOC. EXAM			DOC. EXAM	

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



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:

MEGAVIT, INC.

ARTICLE II PRINCIPAL OFFICE

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

4595 S.W. 139 Court, Unit C

Miami, Fla. 33175

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

FRANK RAMOS

4595 SW 139 COURT UNIT C

MIAMI FL 33175

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

FRANK RAMOS 4595 SW 139 COURT UNIT C

MIAMI FL 33175

Signature/Incorporator

9-21-98

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

Date