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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

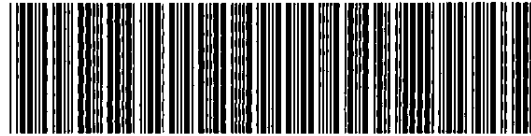
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W09-21389

Office Use Only



900155396399

05/05/09--01050--007 **78.75

FILED

2009 MAY 19 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Burch MAY 20 2009

COVER LETTER

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

SUBJECT: VIDA Foundation
(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

ADDITIONAL COPY REQUIRED

FROM: Claudia Brea

Name (Printed or typed)

848 Brickell Key Drive #2601

Address

Miami, FL 33131

City, State & Zip

786-302-0357

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2009

CLAUDIA BREA
848 BRICKELL KEY DRIVE #2601
MIAMI, FL 33131

SUBJECT: VIDA FOUNDATION
Ref. Number: W09000021389

We have received your document for VIDA FOUNDATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 109A00015364

RECEIVED
DIVISION OF STATE
09 MAY 19 PM 3:08

COVER LETTER

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

SUBJECT: VIDA Foundation, Corp.
(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

ADDITIONAL COPY REQUIRED

FROM: Claudia Brea
Name (Printed or typed)

848 Brickell Key Drive #2601
Address

Miami, FL 33131
City, State & Zip

786-302-0357
Daytime Telephone number

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

VIDA Foundation, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
848 Brickell Key Drive #2601
Miami, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
The VIDA Foundation is dedicated to instilling values, spurring initiative, rewarding dedication and promoting action

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
Directors are appointed and serve at the pleasure and discretion of the chair.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
Claudia Brea, 848 Brickell Key Drive #2601, Miami, FL 33131 --President
Kyle Stevens, 14310 Leaning Pine Drive, Miami Lakes, FL 33014 --Chief Operating Officer (COO)

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2009 MAY 19 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Claudia Brea
848 Brickell Key Drive #2601
Miami, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Claudia Brea
848 Brickell Key Drive #2601
Miami, FL 33131

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.

Claudia Brea

Signature/Registered Agent

05/14/2009

Date

Claudia Brea

Signature/Incorporator

05/14/2009

Date