N140003583

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

2238-

W14000017652



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03/17/14--01044--013 **78.75

FILED

14 APR -7 AM IO: 53

SERVICE STATE
AND ARREST FLORIDA

4/14/14

COVER LETTER

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

SUBJECT: Vita World Corp. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed is an original \$70.00	and one (1) copy of the Arr $\square / \$78.75$	ticles of Incorporation and	a check for:		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate		
	Maria (Alexanda)	ADDITIONAL CO	PPY REQUIRED		
FROM:	Hector Guerrero Name (P			7	
	AHASSEE, F	14 APR -7 AM 10: 53			
	(407)451-575 Daytime To	elephone number	STATE CORD	:10:53	

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

hectquere amail.com

E-mail address: (to be used for future annual report notification)



RECEIVED

FLORIDA DEPARTMENT OF STATE APR -7 PH 12: 49
Division of Community of State APR -7 PH 12: 49

SECRETARIASSEE, PLORIDA

March 19, 2014

HECTOR ANDRES GUERRERO 14002 PORTRUSH DRIVE ORLANDO, FL 32828

SUBJECT: VITA WORLD CORP Ref. Number: W14000017652

We have received your document for VITA WORLD CORP 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 814A00005973

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

The name of the corporation shall be: Vita Wolld	Corp. FILED
ARTICLE II PRINCIPAL OFFICE	14 APR -7 AM 10: 5
Principal <u>street</u> address: 14002 Postrosh Dr.	Mailing address, if different is 121 ARY OF STATE LALLAHASSEE, FLORID
Orlando Fl, 32829	
nutritional foods and vitamins to	for profit organization involved in supplying poventy communities. We will do this randing personal sized bibles to those relief is what we struct for
Parities and official violations	10//01 10 0-10/
	nner in which the directors are elected and appointed:
by the president of Vita World Con	φ.
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS
Name and Title: Hector Guerrero- President	Name and Title: Ricardo Guerrero- Vice President
Address 14002 Portrush Dr.	
Orlando FL, 32824	Orlando FC, 32828
Name and Title: Sandra Stelling - + reasurer	Name and Title:
Address 14002 Portrush Dr.	
Orlando IL, 32828	· · · · · · · · · · · · · · · · · · ·
Name and Title:	Name and Title:
Address	Address:

Name and Title	¢	_ Name and Title:	
Address		-	
Name and Title:			
Address		Address:	
·			<u>.</u>
•		_	
			
			•
ARTICLE VI The <u>name and I</u>	REGISTERED AGENT Florida street address (P.O. Box NOT acc	eptable) of the registered agent is:	
Name:	Hactor Guerrevo		
Address:	14002 Portrosh Dr.		
	Orlando FL 32828		ALL A
			47. AH44.
<i>ARTICLE VII</i> The name and a	INCORPORATOR address of the Incorporator is:		THE REFERENCE OF THE PROPERTY
Name:	Hector Guerrero		AM 10: 0F STA
Address:	14002 Portrush Dr.	· · · · · · · · · · · · · · · · · · ·	* 5 3
	Orlando FL, 32828		,
Having been no	amed as registered agent to accept service	e of process for the above stated	corporation at the place designated in th
certificate, I am	familiar with and accept the appointment	as registered agent and agree to	act in this capacity
			04/03/2014
70	Required Signature of Registere	d Agent	' Date
I submit this do	cument and affirm that the facts stated he	rein are true, I am aware that an	y false information submitted in a documer
to the Departme	ent of State constitutes a third degree felon	y as proviaea jor in 8.617.155, F.,	j. t
1			04/03/2014
110	Rechired Signature of Inco	ornorator	Date

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