

N22000002073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

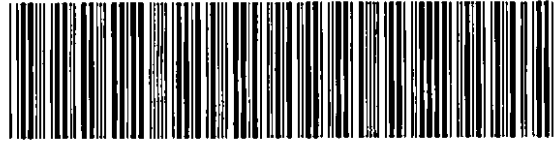
(Business Entity Name)

(Document Number)

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ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/25/22

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 2/25/2022

PRIORITY Regular Approval

OUR REF. # (Order ID#) 1003179

ORDER ENTITY

VITAMIN C INTERNATIONAL CONSORTIUM INSTITUTE, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

VITAMIN C INTERNATIONAL CONSORTIUM INSTITUTE, INC. (FL)

New corp filing

NOTES:

\$70.00 Authorized

Email address for annual report reminders: sola@anthonywoodwardpa.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: VITAMIN C INTERNATIONAL CONSORTIUM INSTITUTE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
650 CLEVELAND ST #952

CLEARWATER, FL 33757

Mailing address, if different is:
650 CLEVELAND ST #952

CLEARWATER, FL 33757

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Healthcare Education

LED
2022 FEB 25 PM 12:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

As stated by the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LIOR SHER, PRESIDENT & CEO

Address: 650 CLEVELAND ST #952

CLEARWATER BEACH, FL 33757

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ANTHONY G. WOODWARD

Address: 1810 E 5th AVENUE

TAMPA FL 33605

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LIOR SHER

Address: 650 CLEVELAND ST #952

CLEARWATER BEACH, FL 33757


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2022. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

02/22/2022
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

02/22/2022
Date

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TALLAHASSEE, FLORIDA