

P01000035421

TRANSMITTAL LETTER

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

March 9, 2001

000003952850--0
-04/03/01--01036--010
*****78.75 *****78.75

SUBJECT: ELIXIRS VITAE, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check in the amount of \$78.75.

FROM: Smitty Smith & Associates, Inc.
Ms. Smitty Smith
3802 Ehrlich Road, Suite 210
Tampa, Florida 33624

SLS/lac

Enclosure

FILED
01 APR -3 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
OF
ELIXIRS VITAE, INC.

FILED
01 APR -3 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ELIXIRS VITAE, INC.

ARTICLE II PRINCIPAL OFFICE

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

3636 LITTLE ROAD
LUTZ, FL 33549

ARTICLE III CAPITAL STOCK

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

1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Ms. Smitty Smith
3802 Ehrlich Road, Suite 210
Tampa, Florida 33624

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

LUCJAN SHILA
3636 LITTLE ROAD
LUTZ, FL 33549

The undersigned has (have) executed these Articles of Incorporation this **Nineth** day of **March, 2001**



Signature
LUCJAN SHILA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

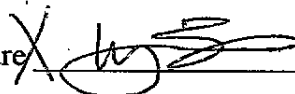
1. The name of the Corporation is:

ELIXIRS VITAE, INC.

2. The name and address of the registered agent and office is:

**MS. SMITTY SMITH
3802 EHRLICH ROAD, SUITE 210
TAMPA, FLORIDA 33624**

Signature

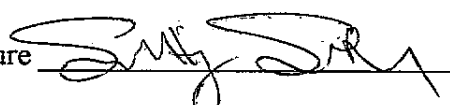


Title: **LUCJAN SHILA**

Date: **03/09/01**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THE 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



Date: **03/09/01**

REGISTERED AGENT FILING FEE: \$35.00

FILED
01 APR -3 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA