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TRANSMITTAL LETTER

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

SUBJECT: VITALIT		RESEARCH CENTERS INTERNATIONAL INC.
Enclosed is an origina for : \$70.00 Filing Fee	al and one (1) co \$78.75 Filing Fee & Certificate	\$122.50 \$131.25 AHASSEC ACCEPTIFIED COPY **Certified Copy **Certified Copy **Certificate Additional Copy Required **Certified Copy **Certificate **Certificate **Certified Copy **Certified Copy **Certificate **Certificate
FROM:	GILBER Name	27 ROSENBRIER (printed or typed)
	_1540 A	1. POWERINE RD - 1ST FLOOR Address

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

F. CHRESCEN JUN 1 1 2001





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

ARTICLE I NAME

The name of the corporation shall be:

VITALITY MEDICAL RESEARCH CENTERS INTERNATIONAL, INC

ARTICLE II PRINCIPAL OFFICE

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

1540 N. POWERLINE RD - IST FLOOR POMPANO BEACH, FL 33069

ARTICLE III SHARES

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

100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GILBERT ROSENBRIER 1540 N. POWERLINE RO POMPANO BEACH, FL 33069

ARTICLE V INCORPORATOR(S)

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

GILBERT ROSENBRIER 1540 N. POWERGINE RO - 1ST FLOOR POMPANO BEACH, FL 33069

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of June 18 2001.

X Signature

Signature

Articles of Incorporation Filing Fee - \$35

W.,

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: VITALITY MEDICAL RESERRCH	
CENTERS INTERNATIONAL, INC	
2. The name and address of the registered agent and office is:	
GILBERT ROSENBRIER SE SE OS SE	
1540 N. POWERLINE RD, 1st FLOOR SA	i +
(P.O. Box or Mail Drop Box NOT acceptable) Pompand Beach, For 33069 (City/State/Zip)	
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)