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(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	ı
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Office Use Only



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## TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
SUBJECT: ELLVITA INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

(Proposed corporate name - must include suffix)

Filing Fee Filing Fee & Certificate Security & Certificate Filing Fee & Certificate & ADDITIONAL COPY REQUIRED

FROM: Tracy (silbert
Name (Printed of typed)

D.S. BOX 362

Address

Cassadaga, FL. 32-706

City, State & Zip

3862283797 | 386717 4100

Daytime Telephone/number

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

## ARTICLES OF INCORPORATION

1. The name of the corporation shall be: ELVITA INC.
2. The principal place of business and mailing address of the corporation is: 1083 Stevenst St. Cussadaga Florida 32706 -mailing - Pobox 362.
3. The corporation shall have the authority to issue <u>1000</u> shares of stock.
4. The registered agent of the corporation is <u>Tracy Collbert</u> and the registered street address is 1083 Stevens St. Cassadaga, Florida 32706.
5. The initial Board of Directors shall have member(s) whose name(s) and address(ex) is/are as follows:
The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.  6. The incorporator of this corporation is Tray Cibert whose

Dated 2/7/63

Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 2 (7 (63

Registered Agent