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04 JUN - 7 PM 1:11
SECRETARY
DIVISION

04-19713

TRANSMITTAL LETTER

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

SUBJECT: SALUD Y VIDA, INC
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: CRISTINA R. VICENTE
Name (printed or typed)
2175 Dominican Ave
Address
FORT MYERS, FLORIDA 33905
City, State & Zip
(239) 694-3229
Daytime Telephone number

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SECRET
DIVISION OF CORPORATIONS

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

ARTICLES OF INCORPORATION

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:

SALUD Y VIDA , INC.

ARTICLE II PRINCIPAL OFFICE

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

4636 Palm Beach Blvd
FORT MYERS, FLORIDA 33905

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CRISTINA R. VICENTE
2175 Dominican Ave
Fort Myers, Florida 33905

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

CRISTINA R. VICENTE
2175 Dominican Ave
Fort Myers, Florida 33905

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

18th day of MAY, 2004

Cristina Raymond Vicente

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
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: SALUD Y VIDA, INC

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

CRISTINA R. VICENTE
(NAME)
2175 Dominican Ave
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Fort Myers, Florida 33905
(City/State/Zip)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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.

Cristina Raymundo Vicente.
(SIGNATURE)

05/18/04
(DATE)