

704000121614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

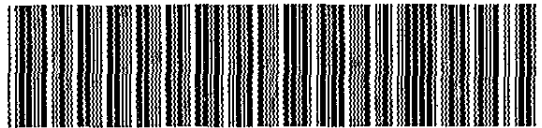
(Business Entity Name)

(Document Number)

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SEP 24 2004
DIVISION OF REVENUE
04 AUG 23 PM 3:51

TRANSMITTAL LETTER

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

SUBJECT: VEGA HEALTHCARE CORP
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MARY ANNE DOWNS
Name (Printed or typed)

400 NORTH A1A #118
Address

JUPITER, FL 33477
City, State & Zip

561 746 0538
Daytime Telephone number

561 746 0538
561 308 4309

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

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SECRET
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

VEGA HEALTHCARE CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

400 NORTH A1A #118 118
JUPITER FL 33477**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

GENERAL INTERNET TRADING

ARTICLE IV SHARES

The number of shares of stock is:

1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ADRIAN SINCLAIR 9 ALEXANDRA ROAD LEIGH-ON-SEA ESSEX SS9 1QD, UK

MARY ANNE DOWNS 400 NORTH A1A #118 118 JUPITER FL 33477

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:MARY ANNE DOWNS
400 NORTH A1A #118 118
JUPITER FL 33477**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:MARY ANNE DOWNS
400 NORTH A1A #118
JUPITER FL 33477

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

Mary Anne Downs

Signature/Registered Agent
Mary Anne Downs

Signature/Incorporator

6-28-04

Date

Date

04 AUG 23 PM 3:51

STATE OF FLORIDA
DIVISION OF CORPORATE
AND FINANCIAL SERVICES