

PC4000170984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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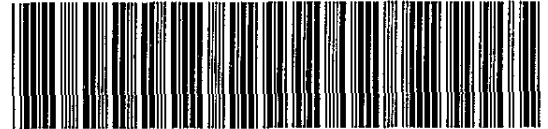
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

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

**SUBJECT:** VITALIFE PLUS 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Angel L. Lugo

Name (Printed or typed)

5151 Dove Drive

Address

New Port Richey, Florida 34652

City, State & Zip

727- 457- 5414

Daytime Telephone number

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

## 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:

VITALIFE PLUS CORP.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5151 Dove Dr.  
New Port Richey, Florida 34652

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To promote a better quality of life through the distribution, sales  
and marketing of natural herbal health products.

### **ARTICLE IV SHARES**

The number of shares of stock is:

800 Shares

### **ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS**

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

- |                      |       |                                    |                    |
|----------------------|-------|------------------------------------|--------------------|
| 1. Migda E. Núñez    | ----- | P.O. Box 983 Port Richey, Fl 34673 | --- President      |
| 2. Gil Albel Núñez   | ----- | P.O. Box 983 Port Richey, Fl 34673 | --- Vice President |
| 3. Stephany N. Núñez | ----- | P.O. Box 983 Port Richey, Fl 34673 | --- Secretary      |
| 4. Gil Abdiel Núñez  | ----- | P.O. Box 983 Port Richey, Fl 34673 | --- Treasurer      |

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Angel L. Lugo  
5151 Dove Dr.  
New Port Richey, Florida 34652

### **ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Migda E. Núñez  
P.O. Box 983  
Port Richey, Florida 34673

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

12-20-04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12-20-04  
\_\_\_\_\_  
Date