

## Florida Department of State

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TO:

Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973 Fax Number : (305)220-1440

# FLORIDA PROFIT/NON PROFIT CORPORATION

VITAL OPTION CORP.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
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FAX NO. :3052201440

FROM : LAZARUS

## 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:

VITAL OPTION CORP.

## ARTICLE II ~ PRINCIPAL OFFICE

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

6595 NW 36 St. J VIRGINIA GARDENS FL 33166 SUITE # 300B

### **ARTICLE III -SHARES**

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

100

### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SAMF BADIFSSIO

6595 NW 365t

VIRGINIA GARDENS II 33166

SW # 300B.

FROM : LAZARUS

#### ARTICLE V - INCORPORATOR

| The name and screet address of the incorporator to these Afficies   |
|---|
| incorporation is:   |
| SAMI BAdlissi   |
| JAM JAM JAM   |
| 6595 NW, 36 51. 7/ -11 02161  |
| 6595 NW 36 St. Horida 33166 VIRGINIA GORDONS HORIDA 33166 The undersigned incorporator has executed these Articles of |
| The undersigned incorporator has executed these Articles of   |

incorporation this day of 2006.

Signature

ARTICLE VI- DIRECTOR (S)

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

SAMI BADIISSI - PRISIDENT. 6595 NW 36ST VIRGINIA GARDENS FLORIDA 33161

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature