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	(Requestor's Name)
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SECHETARY OF STATE



COVER LETTER

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

SUBJECT:	Vital Print Lab, Inc.			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles 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 CO	PY REQUIRED	
FROM:	Nam	e (Printed or typed)	·	
		ver Oaks Drive Address		
		, Florida, 32780 , State & Zip	•	
		-205-6346 Telephone number	**************************************	
		italprintlab.com ed for future annual report r	notification)	

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: Vital Print Lab, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 5522 River Oaks Dr., Titusville, Florida, 32780	09 M/ SECT
ARTICLE III PURPOSE The purpose for which the corporation is organized is: DTG and Screen Printing	FILED 09 MAY 29 PH 12: 2 SECRETARY OF STATE MILAHASSEE, FLORID
ARTICLE IV SHARES The number of shares of stock is: 100	ATE 9:0,
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Adam Howard - Co-Owner (50%) Nichole Seaman - Co-Owner (50%) 5522 River Oaks Dr., Titusville, Florida, 32780	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the reg Adam Howard 5522 River Oaks Dr., Titusville, Florida, 32780	gistered agent is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Adam Howard 5522 River Oaks Dr., Titusville, Florida, 32780	

Signature/Registered Agent	5-26-2009 Date

Oden Hawad Signature/Incorporator

Date

5-26-2009