

P10000095885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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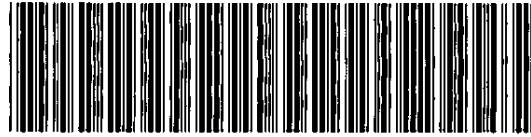
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 NOV 24 PM 1:40

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

VN

COVER LETTER

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

SUBJECT: Vitae Med Spa Inc
(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: Giang Chau
Name (Printed or typed)

Address

24321 Captain Kidd Blvd Punta Gorda, FL 33955
City, State & Zip

561-252-0863
Daytime Telephone number

Contact Giang: lifehealthprofessionalgroup@gmail.com
E-mail address: (to be used for future annual report 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: Vitae Med Spa Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
287 N. Collier Boulevard
Marco Island, FL 34145
United States

Mailing address, if different is:

Same

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all legal Business

ARTICLE IV SHARES

The number of shares of stock is: 300

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Hen T. Chay (President)</u>	Name and Title: _____
Address: <u>9041 Alfred Blvd</u>	Address: _____
<u>Punta Gorda, FL 33982</u>	_____
<u>United States</u>	_____

Name and Title: <u>Huong T. Curiale (VP)</u>	Name and Title: _____
Address: <u>287 N. Collier Boulevard</u>	Address: _____
<u>Marco Island, FL 34145</u>	_____
<u>United States</u>	_____

Name and Title: <u>Giang D. Chau Vice President</u>	Name and Title: _____
Address: <u>24321 Captain Kidd Blvd</u>	Address: _____
<u>Punta Gorda, FL 33955</u>	_____
<u>United States</u>	_____

ARTICLE VI REGISTERED AGENT

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

Name: Giang Chau D.
Address: 24321 Captain Kidd Blvd
Punta Gorda, FL 33955

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Giang Chau D.
Address: 24321 Captain Kidd Blvd
Punta Gorda, FL 33955

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

Giang Chau
Required Signature/Registered Agent

11/24/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Giang Chau
Required Signature/Incorporator

11/24/10
Date