

PI 0000102367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

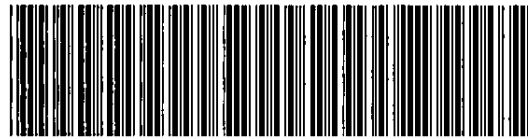
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/20/10--01020--014 **78.75

FILED

2010 DEC 20 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 21 2010

COVER LETTER

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

SUBJECT: VITACHEAP USA, 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: DOUGLAS BABER
Name (Printed or typed)

9448 SW 52ND PL
Address

COOPER CITY, FL 33328
City, State & Zip

954-830-0546
Daytime Telephone number

BABER3000@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

VITACHEAP USA, INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
DOUGLAS BABER
9448 SW 52ND PL
COOPER CITY, FL 33328

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAYMOND MARTINEZ, PRESIDENT	Name and Title: _____
Address: 4324 REFLECTIONS BLVD	Address: _____
#102	_____
SUNRISE, FL 33351	_____

Name and Title: DOUGLAS BABER, VP/TREASURER	Name and Title: _____
Address: 9448 SW 52ND PL	Address: _____
COOPER CITY, FL 33328	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

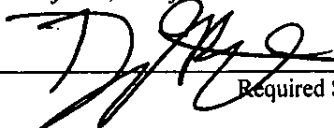
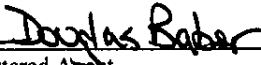
Name: DOUGLAS BABER
Address: 9448 SW 52ND PL
COOPER CITY, FL 33328

ARTICLE VII INCORPORATOR

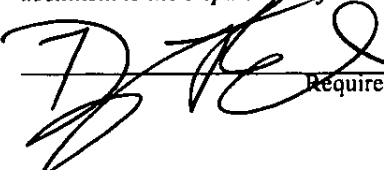

The name and address of the Incorporator is:

Name: DOUGLAS BABER
Address: 9448 SW 52ND PL
COOPER CITY, FL 33328

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

		12/16/10
Required Signature/Registered Agent		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.

		12/16/10
Required Signature/Incorporator		Date

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TALLAHASSEE FLORIDA