

P/200097492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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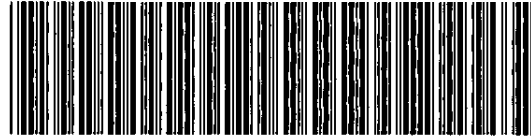
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV 27 AM 10:57

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COVER LETTER

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

SUBJECT: **De Vie Soleil Direct 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: **Bobby Varma**

Name (Printed or typed)

300 Crown Oak Centre Drive

Address

Longwood, FL 32750

City, State & Zip

407-834-7344

Daytime Telephone number

varma1@cfl.rr.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)

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ARTICLE I NAME

The name of the corporation shall be: De Vie Soleil Direct Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
300 Crown Oak Centre Drive
Longwood, FL 32750

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Marketing arm for ~~the~~ P.B. Holding, Inc., parent
company manufactures and distributes health
products

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000 shares of common stock with no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bobby Varma, President
Address: 300 Crown Oak Centre Drive
Longwood, FL 32750

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Bobby Varma
Address: 300 Crown Oak Centre Drive
Longwood, FL 32750

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bobby Varma
Address: 300 Crown Oak Centre Drive
Longwood, FL 32750

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



Required Signature/Registered Agent

11/14/12

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.



Required Signature/Incorporator

11/14/12

Date