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(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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13 APR -8 PH 12: 0: SECRETARY OF STATE TALLAHASSEE FESTIVE

MR\$ /3

COVER LETTER

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

SUBJECT: Vitalink Training Center, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the art	ticles of incorporation an	id a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status		
	ADDITIONAL C	OPY REQUIRED		
FROM: Marlene Clarke	e (Printed or typed)			
5100 NW 47th Aven	UC Address			
Coconut CreeK,FL	33073 , State & Zip			
954-871-7404 Daytime	Telephone number			
vitalinkhhc@yahoo.c	om ed for future annual repor	t notification)		

NOTE: Please provide the original and one copy of the articles.

FILED

y	In compliance with Chapter 607 and	or Chapter 621, F.S	. (Profit) 13 APR -8 PM 12. 07
The name of the corpor	vitalink framing Cente	er, Inc.	SECRETARY OF STATE TALLAHASSEE, FLURIDA
ARTICLE II P	RINCIPAL OFFICE		
510	Principal <u>street</u> address 00 NW 47th Avenue		ailing address, if different is: V 47th Avenue
	conut CreeK, FL 33073	Coconut	Creek, FL 33073
-1-1-1-1-1		_	
The purpose for which	RPOSE 1 the corporation is organized is:		
The company is	organize to provide health care rel	ated training to	the public.
ARTICLE IV SP The number of shares of	HARES of stock is: 500		
	ITIAL OFFICERS AND/OR DIRECTOR:	S	
Name and Title:	Marlene Clarke - Director	Name and Title:	
	5100 NW 47th Avenue Coconut CreeK FL 33073	Address:	
	Coconut Creek, FL 3307.3		
Name and Title:		Name and Title: _	
Address:			
		- <u>-</u>	
Nome and Title		Nome and Title	
Address:		Address:	
-			
		-	
	GISTERED AGENT 1 street address (P.O. Box NOT acceptable) of	the registered agent i	is:
Name:	Marlene Clarke		
Address:	5100 NW 47th Avenue	•	
	Coconut Creek, FL 33073	•	
	CORPORATOR		
Name:	s of the Incorporator is: Marlene Clarke		
Address:	5100 NW 47th Avenue		
	Coconut Creek, FL 33073	•	
	is registered agent to accept service of process		
	miliar with and accept the appointment as regi		ree to act in this capacity
Allaron.	· (Onko		4/3/12
1 marie	Required Signature/Registered Agent		Date
I submit this documen	nt and affirm that the facts stated herein are	true. I am aware th	