

P13000031094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

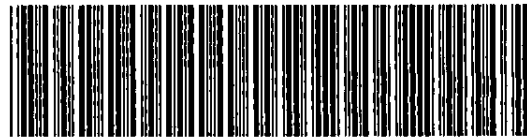
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/11/13--01016--010 \*\*78.75

FILING CANCELLED  
RETURNED CHECK

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

13 APR 11 AM 9:51

FILED

A/15

8

**COVER LETTER**

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

**SUBJECT:** Vitalink Institute, 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:** Marlene Clarke  
Name (Printed or typed)

5100 NW 47th Avenue  
Address

Coconut Creek, FL 33073  
City, State & Zip

954-871-7404  
Daytime Telephone number

vitalinkhhc@yahoo.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 Vitalink Institute, Inc.

The name of the corporation shall be:

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
5100 NW 47th Avenue  
coconut Creek, FL 33073

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Company is organized to provide health care training services to the public.

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RETURNED CHECK

## ARTICLE IV SHARES

The number of shares of stock is: 500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marlene Clarke - President  
Address: 5100 NW 47th Avenue  
coconut Creek, FL 33073

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: Marlene Clarke  
Address: 5100 NW 47th Avenue  
Coconut Creek, FL 33073

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marlene Clarke  
Address: 5100 NW 47th Avenue  
Coconut Creek, FL 33073

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

Marlene Clarke  
Required Signature/Registered Agent

3/12/13  
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.

Marlene Clarke  
Required Signature/Incorporator

3/12/13  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA