

P13000058386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

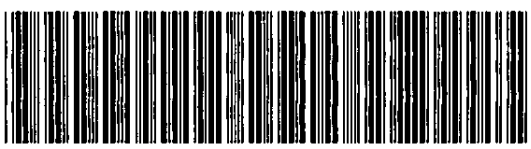
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700249307637

07/08/13--01021--014 **78.75

13 JUL -8 AM 9:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CHK # 1131 - \$78.75

COVER LETTER

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

SUBJECT: Vivs Better Care 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Evadney Burnett
Name (Printed or typed)

8642 Beekman Drive
Address

Miramar, FL. 33025
City, State & Zip

(954)604-5532
Daytime Telephone number

cinije@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

The name of the corporation shall be: Vivs better care Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8642 Beekman Drive

Miramar, FL. 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To set private health care facility for needed health care patients.

ARTICLE IV SHARES

The number of shares of stock is: 500 Shares at \$1.00 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Evadney Burnett - President

Name and Title: _____

Address: 8642 Beekman Drive

Address: _____

Miramar, FL. 33025

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL -8 AM 9:58

(conti.)

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: Charles Inije
 Address: 3600 S. State Rd 7 suite 2
Miramar, FL. 33023

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Evadney Burnett
 Address: 8642 Beekman Drive
Miramar, FL. 33025.

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

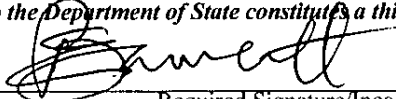


Required Signature/Registered Agent

07/03/2013

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

07/03/2013

Date