(Requestor's Name)
(Address)
,
(Address)
(Audices)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2001),000 2.111.9, 1.111.11.0,
(Document Number)
Certified Copies Certificates of Status
2
Special Instructions to Filing Officer:

Office Use Only



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11/04/13--01018--011 **78.75



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 5, 2013

TRACY BRYLEWSKI 4510 SW 13TH ST DEERFIELD BEACH, FL 33442

SUBJECT: VIVA MORINGA CORPORATION

Ref. Number: W13000061364

13 DEC -2 AM IO: 47
SECRETARY OF STATE
AND AND SEEF FLORIDA

We have received your document for VIVA MORINGA CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 513A00025705

Viva Moringa Corporation

Reference #: W13000061364

Letter #:

513A00025705

Article VIII: Effective Date

The effective date for Viva Moringa Corporation should be January 1, 2014.

COVER LETTER

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

SUBJECT:	Viva	Moringa	Corp.	
-	(PRC	POSED CORPORAT	E NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one	(1) copy of the artic	les of incorporation and	d a check for:
70.00 Filing Fee	\$78.75 Filing Fee & Certific		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		L	ADDITIONAL CO	PY REQUIRED
FROM:	TE		lewski	

M: RACY Drylewski Name (Printed or typed)

4510 SW 13th Street

Address

Deerfield Beach, FL 33442

City, State & Zip

954 376 5503

Daytime Telephone number

tracy. brylewski @ gmail. com

E-mail address: (to be used for future annual report notification)

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

13 NFC -2 AM 10: 16

ARTICLE I NAME The name of the corporation	en shall be:	Viva Morin	ga Cor	poration	AN D)
ARTICLE II PRIN	CIPAL OFFIC Principal street a	<u>CE</u> address	<i>)</i>	I Mailing address, if different is	s:
4510 SW Deerfield		St. FL		ECTRAF DATE	1-14
USA		33442	edica action foliage	रात्ता र देशकार्थी में तर्ग वर्ग के तर्	na – "Artion Varianticia
The purpose for which the	ose corporation is	organized is: The	- buying produc	and Selline ts.	g of
		**************************************			······································
ARTICLE IV SHAP The number of shares of st ARTICLE V INITI	ock is:	IDO S AND/OR DIRECTO		÷	
Name and Title:	Tracy	Brylewski	Name and Title:		
Address _	4510' Doerfin	SW 1344 St eld Beach, F 33442	Address:		
-					
Name and Title:_	thrigh	ie A. Cam	Name and Title:		
Address _	Laguna	. Springs Dr	Address:		
_	WESTOYN	1 PL 2002	<i>(a</i> .		
Name and Title:_	, ,		Name and Title:		
Address _			Address:		
-			 -		

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

conti)

13 BEC -2 AM 10- 16

	Name and	Name and Title:
	Address	Address:
		REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of the registered agent is:
	Name:	Tracy Brylewski
	Address:	4570 Sw 134h St.
		Deerfield Beach, FL 3344Z
	ARTICLE VII	INCORPORATOR
	The name and add	ress of the Incorporator is:
	Name:	Tracy Brylewski 4510 Sw 134h St.
-	Address:	
. <i></i>	-00	Deerfield Boach, FC 33442
X	Effect: Having been name	ed as registered agent to accept service of process for the above stated corporation at the place designated in
	this certificate, I an	n familiar with and accept the appointment as registered agent and agree to act in this capacity
		A DYCLUMU 10/25/13 Required Signature/Registered Agent Date
	l submit this do au	•
	document to the De	ment and affirm that the facts stated herein are true. I am aware that the false information submitted in a epartment of State constitutes a third degree felony as provided for in s.817.155, F.S.
	hay	Brylludii 10/25/13
	0	Required Signature/Incorporator Date
		-