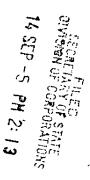
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(Re	equestor's Name)			
(Address)				
(Δ	ldress)			
	·			
(Ci	ty/State/Zip/Phone	e#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	ne)		
(Dx	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
<i>»</i> -	Office Use Ón	lv		



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09/05/14--01015--012 **128.75



COVER LETTER

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

SUBJECT:	DULCE VITA BUSINESS COR	RP	
ý,	n original and one (1) copy of the Ce	rtificate of D	omestication and a check for:
Article	icate of Domestication es of Incorporation and Certified Cop to domesticate and file	\$ 50.00 py <u>\$ 78.75</u> \$128.75	
OPTIONAL:	L		
Certifi	icate of Status	\$ 8.75	WE DO NOT REQUIRE THE CERTIFICATE OF STATUS.
	Name (pri	nted or typed	1)
	A	ddress	
	City, S	tate & Zip	
	561-235-4264		
	Daytime Tel	ephone Num	ber
	rubens@figueiredo.com		

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

CERTIFICATE OF DOMESTICATION

The	e undersioned	RUBENS DE	FIGUEIREDO	PRESIDEN	T	7	11/15 11/15
			(Name)	,	(Title)	当	
of	DULCE VITA	A BUSINESS	CORP		a foreign	ات corporat	ion Z
in a	accordance with	\ I	ion Name) Florida Statutes, does h	ereby certify:		% 2:	of state
1.	The date on wl	nich corporatio	on was first formed was	OCTOBER 22		, 201 4	10%S: -
2.	The jurisdictio		oove named corporation	was first formed,	•	or otherv	vise
3.	The name of the	<u>-</u>	immediately prior to th	e filing of this Cer	tificate of Dor	mesticati	on
4.		-	as set forth in its articl th this certificate is	-	•		o —
5.	administration immediately be	of the corpora	ted the seat, siege social tion, or any other equivers of the Certificate of DEPORATION 2711 C	valent jurisdiction to omestication was	ınder applical	ole law,	· I
6.			RE 19808 of incorporation to con	nplete the domestic	cation requires	nents pu	rsuant
l aı	m PRESIDEN	<u>T</u> , of _	DULCE VITA BUSIN	IESS CORP			
	I am authorized this the $\frac{28}{}$ c	_	ertificate of Domesticat	ion on behalf of th	•	and have	done
			Marken				
			(Authorized Sig	gnature)			
			Filing Fe	e:			
		Articles of I	of Domestication ncorporation and Cen		\$ 50.00 <u>\$ 78.75</u> \$128.75		

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

A	RT	ICL	E	I	NAME	

THE NAME OF THE CORPORATION SHALL BE:

DULCE VITA BUSINESS CORP			
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address	Mailing Address		
20041 PALM ISLAND DRIVE	20041 PALM ISLAND DRIVE		
BOCA RATON, FLORIDA 33498	BOCA RATON, FLORIDA 33498		
ARTICLE III PURPOSE		14 SEP	JI Present
THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZI	ED;	171	- 유왕 - 유왕
ANY AND ALL LAWFUL PURPOSE.	·	PH 2: 13	OF STATE
			

	TLES:	
<pre>Fitle/Name RUBENS DE FIGUEIREDO PRESIDENT</pre>	Title/Name	
SONIA DE FIGUEIREDO VICE PRES		
Fitle/Name	Title/Name	
Fitle/Name	Title/Name	
Title/Name	Title/Name	

ARTICLE IV SHARES

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT AC	CEPTABLE) OF THE REGISTERED AGENT IS:
RUBENS DE FIGUEIREDO	·
20041 PALM ISLAND DRIVE	
BOCA RATON, FLORIDA 33498	
ARTICLE VII INCORPORATOR	
THE NAME AND ADDRESS OF THE INCORPORATOR IS: RUBENS DE FIGUEIREDO	
,20041 PALM ISLAND DRIVE	
BOÇA RATON, FLORIDA 33498	
*************	*************
HAVING BEEN NAMED AS REGISTERED AGENT AND TO AC	
STATED CORPORATION AT THE PLACE DESIGNATED IN TH ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND A	
/holy	03 29 2014
Signature/Registered Agent	Date
Mala	17 29 2014
Signature/Incorporator	Date

INITIAL REGISTERED AGENT AND STREET ADDRESS