

(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



000265905470

10/31/14--01034--005 **78.75

7

14 OCT 31 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

END 11/4

COVER LETTER

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

SUBJECT: La Vida Alta, 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: JON D. FERNANDEZ

Name (Printed or typed)

336 GOLFVIEW RD, #706

Address

NORTH PALM BEACH, FL 33408

City, State & Zip

917-545-6184

Daytime Telephone number

LAVIDAALTA@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: LA VIDA ALTA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

C/O JON D. FERNANDEZ

336 GOLFVIEW RD, #706

NO. PALM BEACH, FL 33408

FILED
14 OCT 31 PM 3:24
CLERK OF DISTRICT COURT
STATE OF FLORIDA
PALM BEACH, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JON D. FERNANDEZ, PRES

Address: 336 GOLFVIEW RD, #706

NO. PALM BEACH, FL 33408

Name and Title: LUISA FERNANDEZ, SECT/TREAS

Address: 336 GOLFVIEW RD, #706

NO. PALM BEACH, FL 33406

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

(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: JON D. FERNANDEZ

Address: 336 GOLFVIEW RD, #406

NO. PALM BEACH, FL 33408

FILED
14 OCT 31 PM 3:24
CLERK OF STATE
PALM BEACH, FLORIDA

ARTICLE VII INCORPORATOR


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

Name: JON D. FERNANDEZ

Address: 336 GOLFVIEW RD, #706

NO. PALM BEACH, FL 33408

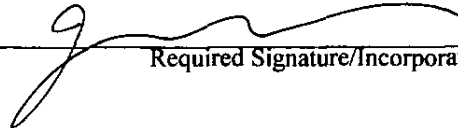
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X 
Required Signature/Registered Agent

10/29/14

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.

X 
Required Signature/Incorporator

10/29/14

Date