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SECRETARY OF STATE DIVISION OF CORPORATION:

02/05/15

COVER LETTER

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

SUBJECT: AMA VITA PHARMA	A INC	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation and	d a check for:
Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Harry Taylor		
	(Printed or typed)	
13996 SW 139th (Court	
	Address	· · · · · · · · · · · · · · · · · · ·
Miami, FL 33186		
City,	State & Zip	
352-342-7270		

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

Daytime Telephone number

wildocean20109@yahoo.com

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

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

ARTICLE I NAI The name of the corpora	ME AMA VITA PHARM	MA INC		_
ARTICLE II PRI			iling address, if different is:	
ARTICLE III PUR The purpose for which t	POSE the corporation is organized is:	y Product S	ales	
ARTICLE IV SHA	NRES 100		15 JAN 28 PM	SECRETARY OF STA
ARTICLE V INIT	Stock is: 1998 FIAL OFFICERS AND/OR DIRECTORS HARRY TAYLOR 13996 SW 139TH Court Miami, Fl 33186	Name and Title:	PM12: 38	STATE RATIONS
Name and Title: Address				
Name and Title:				

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NO T acceptable) of	ster registered great in
Name:	HARRY TAYLOR	the registered agent is:
Address:	13996 SW 139TH COURT MIAMI FL 33186	SECRETOVISION
ARTICLE VII	INCORPORATOR	FILED TARY OF STATE OF CORPORATE 28 PHI2:
The <u>name and ad</u>	dress of the Incorporator is:	2: : All
Name:	HARRY TAYLOR	38 38
Address:	13996 SW 139TH COURT MIAM! FL 33186	
Having been nan this certificate, I a	ned as registered agent to accept service of process am familiar with and accept the appointment as regi	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
	riello	01/23/2015
	Required Signature/Registered Agent	Date
I submit this doc document to the I	ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
	V pollo	01/23/2015
	Required Signature/Incorporator	Date