

P/SD000045464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

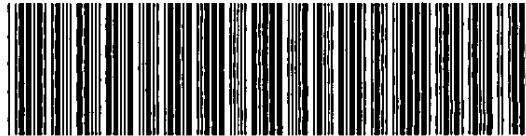
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MAY 21 2015

T. SCOTT



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04/30/15--01012--002 \*\*78.75

15 MAY 20 AM 10:50



RECEIVED

15 MAY 20 AM 10:08

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

STATE  
TALLAHASSEE, FLORIDA

May 6, 2015

FIDDNIEL MARK GUILARTE  
11204 MACCOMBS COURT  
RIVERVIEW, FL 33569

SUBJECT: VITA AMORIS, INC  
Ref. Number: W15000032016

We have received your document for VITA AMORIS, INC 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 715A00009401

## COVER LETTER

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

**SUBJECT:** VITA AMORIS, 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      ☐ \$78.75  
Filing Fee      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
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** FIDDNIEL MARK GUILARTE  
\_\_\_\_\_  
Name (Printed or typed)

11204 MACOMBS COURT  
\_\_\_\_\_  
Address

RIVERVIEW, FL 33569  
\_\_\_\_\_  
City, State & Zip

407-461-2661  
\_\_\_\_\_  
Daytime Telephone number

MARKGUILARTE@GMAIL.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: VITA AMORIS, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11204 MACOMBS COURT

RIVERVIEW, FL 33569

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO HAVE AN ENTITY FOR THE SALE OF GOODS AS IT  
PERTAINS TO BABY CONSUMER GOODS.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: FIDNIEL GUILARTE - PARTNER <sup>MGR</sup>

Address 11204 MACOMBS COURT  
RIVERVIEW, FL 33569

<sup>Mar</sup>  
Name and Title: CARMEN GUILARTE - PARTNER

Address: 11204 MACOMBS COURT  
RIVERVIEW, FL 33569

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

15 MAY 20 AM 10:50

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: FIDDNIEL GUILARTE

Address: 11204 MACOMBS COURT

RIVERVIEW, FL 33569

**ARTICLE VII INCORPORATOR**

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

Name: FIDDNIEL GUILARTE

Address: 11204 MACOMBS COURT

RIVERVIEW, FL 33569


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

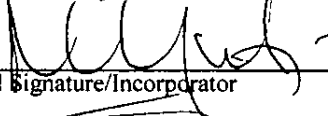
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

4/25/2015  
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 s817.155, F.S.*

  
Required Signature/Incorporator

4/25/2015  
Date