

7/6/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : NEW LIFE COMPANY, INC.  
Account Number : I20150000122  
Phone : (786)218-4201  
Fax Number : (305)824-8858

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: opencorp@yahoo.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

## Vital Refreshments Corp.

Certificate of Status	0
Certified Copy	0
Page Count	01
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TALLAHASSEE, FLORIDA

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JUL 09 2018

T. SCOTT

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

**VITAL REFRESHMENTS CORP.**

*THE UNDERSIGNED, has execute the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.*

**ARTICLE I**

*The name of the corporation shall be:*

**VITAL REFRESHMENTS CORP.**

**ARTICLE II**

*This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.*

*Principal place of business address:*

1339 SW 22<sup>nd</sup> AVE  
 FORT LAUDERDALE, FL 33312

*The mailing address of the corporation is:*

1339 SW 22<sup>nd</sup> AVE  
 FORT LAUDERDALE, FL 33312

**ARTICLE III**

**PURPOSE:**

*The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz*

- 1) *Transact any and all lawful business*

**ARTICLE IV**

**SHARES:**

*In this agreement the party the party shall be The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 1000 shares, having an individual per value of \$10.00 and the share of each shareholder are as follows:*

MILUSKA VITAL	50%
1339 SW 22 <sup>nd</sup> AVE	
FORT LAUDERDALE, FL 33312	

ANTONIO VITAL	50%
1339 SW 22 <sup>nd</sup> AVE	
FORT LAUDERDALE, FL 33312	

*Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLE V**REGISTERED AGENT:**

*The name and Florida Street address of the registered agent is:*

MILUSKA VITAL  
1339 SW 22<sup>nd</sup> AVE  
FORT LAUDERDALE, FL 33312

ARTICLE VI

*The name and address of the incorporator shall be:*

MILUSKA VITAL  
1339 SW 22<sup>nd</sup> AVE  
FORT LAUDERDALE, FL 33312

ARTICLE VII

*The initial officer(s) and/or director(s) of the corporation is/are*

*Title: P*

MILUSKA VITAL  
1339 SW 22<sup>nd</sup> AVE  
FORT LAUDERDALE, FL 33312

*Title: VP*

ANTONIO VITAL  
1339 SW 22<sup>nd</sup> AVE  
FORT LAUDERDALE, FL 33312

ARTICLE VIII**EFFECTIVE DATE:**

**IN WITNESS WHERE OF**, the undersigned incorporator has executed these Articles of Incorporation this 07/06/2018.

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as a registered agent.*

Signature: \_\_\_\_\_

Signature/Registered Agent

7-6-18  
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 § 817.155, P.S.*

Signature: \_\_\_\_\_

Required Signature/Incorporator

7-6-18  
Date