Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000244668 3)))



H190002446683ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone

: (305)444-4994

Fax Number

: (305)444-4977

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

Email	Address:			
CIDGIT	AUUL CSS.			

## FLORIDA PROFIT/NON PROFIT CORPORATION VITAWEED, INC.

0
1
03
\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

N. SAMS AUG 1 9 2019

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

ARTICLE 1 NAMI The name of the corpor					
<u>ARTICLE II PRIN</u>	CIPAL OFFICE Principal street address	Mailing address, if different is:			
2509 S. STATE ROAL	7				
WEST PARK, FL 330					
ARTICLE III PURP The purpose for which	the corporation is organized is:	AND ALL LAWFUL BUSINESS.			
			\$ <b>5</b> 0		
ARTICLE IV SHAR The number of shares of	<u>VES</u> 1000 f stock is:		SUSSECTION OF SURVEY OF SU		
	AL OFFICERS AND/OR DIRECTORS				
Name and Titl	GEORGE RAMIREZ (P)	Name and Title:			
Address	2509 S. STATE ROAD 7				
	WEST PARK, FL 33023				
Name and Title	CHANEL GONZALEZ (V/P)	Name and Title:			
Address	2509 S. STATE ROAD 7	Address:			
	WEST PARK, FL 33023	·			
Variation of Title	·:				
Same and the					
Address		Address			

Name and Title:		Name and Title:	Name and Title:		
Address		Address:			
		·			
		otable) of the registered agent is:			
Name:	GEORGE RAMIREZ	,,			
Address:	2509 S. STATE ROAD 7				
7.00	WEST PARK, FL 33023	_	1. 2		
			2019.1 SCC: JACU		
	<u>INCORPORATOR</u>				
The name and a	ddress of the Incorporator is:		중청 등		
Name:	GEORGE RAMIREZ		C. P. P. S.		
Address:	2509 S. STATE ROAD 7				
	WEST PARK, FL 33023	· · ·	**************************************		
Effective date, if (If an effective filing.) Note: If the date	EFFECTIVE DATE:  f other than the date of filing: date is listed, the date must be specific an e inserted in this block does not meet the ap effective date on the Department of State's	d cannot be more than five da plicable statutory filing requires	ays prior or 90 days after the		
Having been na this certificate, I	med as registered agent to accept service of am familiar with and accept the appointment	f process for the above stated co ni as registered agent and agree	e to act in this capacity		
(	(0-		8/12/2019		
7	Required Signature/Registered Ag	col	Date		
I submit this do document to the	cument and affirm that the facts stated he Department of State constitutes a third deg	rein are true. I am aware that ree felony as provided for in s.8.	the false information submitted in a 17.155, F.S.		
X			8/12 <b>/2</b> 019		
Rean	riced Signature (Incorporator	<del></del>	Date		