

P210000089207

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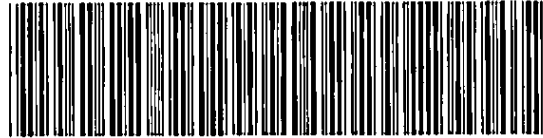
(Business Entity Name)

(Document Number)

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DATE: 10/13/21

NAME: RXVITE CORPORATION

TYPE OF FILING: ARTICLES

COST: 78.75

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

a Hodge

COVER LETTER

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

SUBJECT: RXVITE CORPORATION
(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 type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: DAVID DAVIS
Name (Printed or typed)

3900 NORTH HILLS DRIVE # 414
Address

HOLLYWOOD, FL 33031
City, State & Zip

201-660-4788
Daytime Telephone number

dovid93@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)

2021 OCT 13 PM 3:41

ARTICLE I NAME

The name of the corporation shall be: **RXVITE CORPORATION**

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3900 NORTH HILLS DRIVE # 414

HOLLYWOOD, FL 33031

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **WHOLESALE SALES OF VITAMINS**

ARTICLE IV SHARES

The number of shares of stock is: **10,000 SHARES**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **DAVID DAVIS - President**

Name and Title: _____

Address **3900 NORTH HILLS DRIVE # 414**

Address: _____

HOLLYWOOD, FL 33031

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: GENOUS FIROUZMAN

Address: 3900 NORTH HILLS DRIVE # 414

HOLLYWOOD, FL 33031

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GENOUS FIROUZMAN

Address: 15315 MAGNOLIA BLVD STE 428

SHERMAN OAKS, CA 91403

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: October 13, 2021 (OPTIONAL)

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

10-13-21
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.

Required Signature/Incorporator

10-13-21
Date

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