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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

FLORIDA PROFIT/NON PROFIT CORPORATION VITALITY HOLISTIC CARE INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	VETALLITY HOLISTIC CARE INC
	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	13501 SW 12% ST SULTE 107
	_MIAMI 1L 33186
ARTICL	EIII SHARES: The number of shares of stock is:
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
`	
The name	LEV INITIAL REGISTERED AGENT AND STREET ADDRESS: and Florida street address (PO Box not acceptable) of the registered agent is:
	101 SW 128 ST SUITE 107
•	AMI (L 33) 26
ARTICI	EVI INCORPORATOR: The name and address of the Incorporator is:
SOF	TÄLFGIR
	SW-128 ST SULTE 107
MIAM	11 11 33186

phonto copy.jpg

Required Signatures:

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

Sofia Logler 11/11/21
Registered Agent 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.

Sofia Legler 11/11/21
Incorporator Date