

9/12/22, 4:46 PM

Division of Corporations

P 22000070411  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC  
Account Number : I20200000102  
Phone : (954)998-1035  
Fax Number : (954)573-1480

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

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

2022 SEP 12 PM 4:58

**FLORIDA PROFIT/NON PROFIT CORPORATION  
VIDA FELIZ FOREVER CORP**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

2022 SEP 12 AM 5:05  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

H220003155303

**ARTICLE I NAME**

The name of the corporation shall be: VIDA FELIZ FOREVER CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2919 SW 14TH ST

MIAMI, FL 33145

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: WILFREDO FUENTES CLARO PRESIDENT

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

Address 2919 SW 14TH ST

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

MIAMI, FL 33145

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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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: WILFREDO FUENTES CLARO  
Address: 2919 SW 14TH ST  
MIAMI, FL 33145

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: WILFREDO FUENTES CLARO  
Address: 2919 SW 14TH ST  
MIAMI, FL 33145

**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 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*

[Signature]  
Required Signature/Registered Agent

09/09/2022  
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.*

[Signature]  
Required Signature/Incorporator

09/09/2022  
Date

H220003155303

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