

P2000053401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

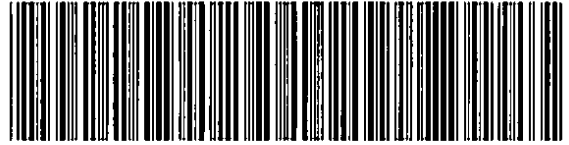
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800412336798

2023

JUL 12:04

2023 JUL 18 PM 4:39

FILED



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **July 18, 2023**

Account#: 120000000088

Name: **Claudia Camilus**

Reference #: **2067935**

Entity Name: **VITA BELLA MEDICAL GROUP, P.A. OF FLORIDA**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: **78.75**

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



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **July 18, 2023**

Account#: I20000000088

Name: **Claudia Camilus**

Reference #: **2067935**

Entity Name: **VITA BELLA MEDICAL GROUP, P.A. OF FLORIDA**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

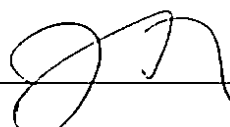
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: **78,75**

Signature: 

## COVER LETTER

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

**SUBJECT:** Vita Bella Medical Group, P.A. of Florida  
**(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 checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Courtney Hill  
Name (Printed or typed)

6505 W Bull River Road  
Address

Highland, UT 84003  
City, State & Zip

971-203-6246  
Daytime Telephone number

courtney@vitabella.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)

**ARTICLE I NAME**

The name of the corporation shall be: Vita Bella Medical Group, P.A. of Florida

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address	Mailing address, if different is:
<u>11201 North Tatum Blvd</u>	<u></u>
<u>Suite 300</u>	<u></u>
<u>Phoenix, AZ 85028</u>	<u></u>

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Health and wellness

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>Courtney Hill, COO</u>	Name and Title: <u>Phil Vella, Founder and CEO</u>
Address <u>6505 W Bull River Road</u>	Address: <u>11001 N 54 St</u>
<u>Highland, UT 84003</u>	<u>Scottsdale, AZ 85254</u>
<u></u>	<u></u>

Name and Title: <u></u>	Name and Title: <u></u>
Address <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>

Name and Title: <u></u>	Name and Title: <u></u>
Address <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>

2023  
11:12:04  
11/11/2023

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: Cogency Global Inc.  
Address: 115 North Calhoun Street, Suite 4  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Vita Bella Health LLC  
Address: 2616 Willow Park Wren Dr  
N Las Vegas, NV 89084

**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*

Lauren Thorne Assistant Secretary  
Required Signature/Registered Agent 7.17.2023  
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.*

Courtney Hill  
Required Signature/Incorporator 7.17.23  
Date

2023 : 1 , PM 12:04  
: 10:00