Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

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. **

Email	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION VITOR MED TOTAL, CORP

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:		
Vitor med Total, coin		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
175 west word dr.		
- Mimi Springs, Fl. 33/66		
ARTICLE III SHARES: The number of shares of stock is: 100	_·	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Johnnie Cisneros PD		
Carlos Infante UP		
Elvis Chorens P		
	202	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	2023 OCT 26	, mar.
The name and Florida street address (PO Box not acceptable) of the registered agent is	26	1.25
Elvis Chorns:	ÄĦ	[7]
175 West ward dr.	დ. აა	
Mimi Sprys, Fc. 33/66	35	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
- Elvis Chorens		
175 worst ward dv.		
Majami Springs, FL. 3316.		

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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

Registered Agent

10-19-75 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.

100 porator

/0-14.73 Date

2023 OCT 26 AH 8: 35