

Florida Department of State

P24000062931

Note: The price is for a standard filing. Type the file number (shown below) on the top and bottom of all pages of the document.

(((H24000340043 3)))

FC
10-10-24



H240003400433ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

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

LANDER VIBRANT LIFE WELLNESS INC

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

RECEIVED

2024 OCT 9 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT -9 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

MS

P
1/1

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

ARTICLE I NAMEThe name of the corporation shall be: LANDER VIBRANT LIFE WELLNESS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
12490 NE 7 AVE STE 202
NORTH MIAMI, FL 33161Mailing address, if different is:
12490 NE 7 AVE STE 202
NORTH MIAMI, FL 33161**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LANDER L. RIVADENEIRA ALVAREZ - PAddress: 12490 NE 7 AVE STE 202
NORTH MIAMI, FL 33161

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2024 OCT -9 PM 2:57
STATE
FL

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: LANDER L. RIVADENEIRA ALVAREZ
Address: 12490 NE 7 AVE STE 202
NORTH MIAMI, FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LANDER L. RIVADENEIRA ALVAREZ
Address: 12490 NE 7 AVE STE 202
NORTH MIAMI, FL 33161

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

Land
Lander L. Rivadeneira Alvarez (Oct 9, 2024 14:52 EDT)

Required Signature/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.

Land
Lander L. Rivadeneira Alvarez (Oct 9, 2024 14:52 EDT)

Required Signature/Incorporator

Date

FILED
2024 OCT -9 PM 2:57
STATE
SEC. FL