

P 9500069600

TRANSMITTAL LETTER

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

SEP - 1 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: VITA-HEALTH FOUNDATION INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

ANTHONY FALDEN
Name (printed or typed)

15509 S.W. 99 TERR.
Address

MIAMI, FL 33196
City, State & Zip

305 382 1016
Daytime Telephone number

400001579234
-09/07/95--01025--020
****122.50 ****122.50

9-11-95
[Signature]

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

SECRET
FALDEN
SEP 11 1964
11:51

ARTICLE I NAME

The name of the corporation shall be:

VITA- HEALTH FOUNDATION INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

15509 S.W. 99 TERR.
MIAMI FL 33196

ARTICLE III SHARES

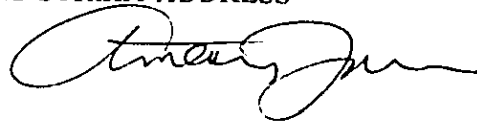
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANTHONY FALDEN
15509 SW 99 TER
MIAMI FL 33196



ARTICLE V INCORPORATOR(S)
See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ANTHONY FALDEN PRESIDENT

15509 S.W. 99 TERR
MIAMI, FL 33196

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4TH day of SEPTEMBER, 19 95



Signature

PRESIDENT

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

VITA- HEALTH FOUNDATION INC.

2. The name and address of the registered agent and office is:

ANTHONY FALDEN PRESIDENT
(NAME)

15509 S.W. 99 TERR.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI FL 33196

(CITY/STATE/ZIP)

71100
55 SEP -7 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

4 SEPT 95
(DATE)