

P97000041997

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

400002172274--5
-05/08/97--01157--002
*****78.75 *****78.75

SUBJECT: ProVita 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: MILAN ODSTRCILIK
Name (Printed or typed)

6790 SANDALWOOD LANE
Address

NAPLES, FL 34109
City, State & Zip

1-941-566-3454
Daytime Telephone number

MAY 12

1358

FILED
97 MAY -8 PM 3:03
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

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

FILED
97 MAY -8 PM 3:03
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ProVita Inc.

ARTICLE II PRINCIPAL OFFICE

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

6790 SANDALWOOD LANE NAPLES, FL 34109

ARTICLE III SHARES

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

ONE THOUSAND

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MILAN ODSTRCILIK
6790 SANDALWOOD LANE
NAPLES, FL 34109

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MILAN ODSTRCILIK
6790 SANDALWOOD LANE
NAPLES, FL 34109


Signature/Incorporator

May 6, 1997
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

May 6, 1997
Date