

TRANSMITTAL LETTER

P970000 87/42

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

FILED  
OCT-8 PM 10:17  
TALLAHASSEE, FLORIDA

SUBJECT: VITA STORM INCORPORATED  
(Proposed corporate name - must include suffix)

400002314614--1  
-10/08/97--01034--005  
\*\*\*\*131.25 \*\*\*\*131.25

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: FREDERICK IAN SNOD POSNER  
Name (Printed or typed)

11651 SW 21 PLACE  
Address

DAVIE, FLORIDA 33325  
City, State & Zip

(954) 473-4514  
Daytime Telephone number

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.

### ARTICLE I NAME

The name of the corporation shall be:

VitaStorm Incorporated

### ARTICLE II PRINCIPAL OFFICE

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

13510 SW 111 Terrace  
Miami, Florida 33186

### ARTICLE III SHARES

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

1,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

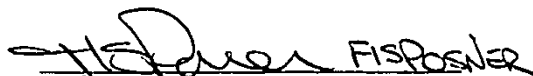
The name and Florida street address of the initial registered agent are

Frederick Ian Shor Posner  
11651 SW 21 Place  
Davie, Florida 33325

### ARTICLE V INCORPORATOR

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

Frederick Ian Shor Posner  
11651 SW 21 Place  
Davie, Florida 33325

  
Signature/Incorporator

10-05-97  
Date

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

10-05-97  
Date

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CLERK OF STATE  
TALLAHASSEE, FLORIDA