19800000000023

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

SUBJECT:	Va Ta-Rama Con (Proposed corpor	e P. ate name - must include suf	ffix)	
Enclosed is an original	and one(1) copy of the articles		00002507; -08/05/980; *****78,75 check for :	1049012
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	Entil C. K. Name (Pr	ADDITIONAL CO	PY REQUIRED	
_	Jacksin welle		SECRETARY TALLAHASSE	
_		9-7329 elephone number	EO	

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

rticles.

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.

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<u>ARTICLE I NAME</u>

The name of the corporation shall be:

VITA-RAMA Conp.

ARTICLE II PRINCIPAL OFFICE

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

4461 Bevenly Avenue Jackson ville TC 32210

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Mank Zander 4461 Beverly Average Tooksontelle RC 3010

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Entil C. Keck file 1 Beauty Read Tacknowled Ft 3000

Signature/Incorporator

7-27-98

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

Date