

P99000031654

TRANSMITTAL LETTER

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

APPROVED  
FILED  
99 APR 7 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: VIDA Consulting ~~Inc.~~ Company  
(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 of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: VIDA Consulting Inc.  
Name (Printed or typed) 600002831746--3  
-04/07/99--01029--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75  
11476 Elaine Drive  
Address  
Jacksonville FL 32218  
City, State & Zip  
904 751.0533  
Daytime Telephone number SHARON

APR 12 1999

SD  
4/7

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 APR -7 AM 10:02

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## 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:

VIDA Consulting ~~Inc.~~ Company

### **ARTICLE II PRINCIPAL OFFICE**

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

11478 Elaine Drive  
Jacksonville FL 32218

### **ARTICLE III SHARES**

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

1

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Victor M. Core  
11478 Elaine Drive Jacksonville FL 32218

### **ARTICLE V INCORPORATOR**

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

Victor M. Core  
11478 Elaine Drive  
Jacksonville FL 32218

Signature/Incorporator

4-7-99

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

4-9-99

Date

99 APR -7 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
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