

No400000 6980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

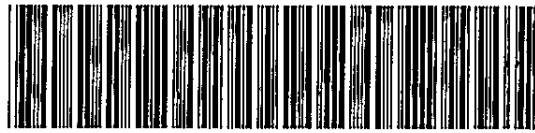
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600039120236

07/15/04--01063--005 **87.50

FILED
JUL 15 2004
MICHIGAN

✓

fv 7-16

TRANSMITTAL LETTER

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

SUBJECT: National Dietary Supplement Association, 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 of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Gregg H. Metzger, Esq./FeldmanGale, P.A.
Name (Printed or typed)

Miami Center, Suite 1920, 201 S. Biscayne Boulevard
Address

Miami, Florida 33131-4332
City, State & Zip

(305) 358-5001
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

National Dietary Supplement Association, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4149 Southwest 47th Avenue, Suite 2B
Ft. Lauderdale, Florida 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To lobby. To protect the Rights of vendors to sell and the Rights of consumers to use dietary supplements.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors will be appointed by the CEO and/or voted into office.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

John H. Owoc = Director and President
Darlene Owoc = Vice President and Secretary

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

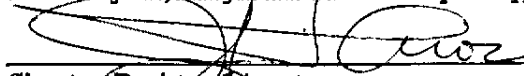
John H. Owoc
4149 Southwest 47th Avenue, Suite 2B
Ft. Lauderdale, Florida 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

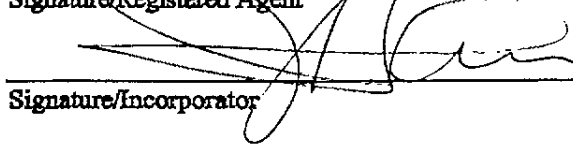
John H. Owoc
4149 Southwest 47th Avenue, Suite 2B
Ft. Lauderdale, Florida 33314

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

7/13/04
Date



Signature/Incorporator

7/13/04
Date

06 JUL 15 2004
FILED