Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 Phone : (305)552-5973
Fax Number : (305)220-1440

FLORIDA PROFIT CORPORATION OR P.A.

SHAKY'S NUTRITION SUPLEMENTS, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75



6/13/02

ARTICLES OF INCORPORATION

The Undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Shaky's Nutrition Suplements, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4350 NW 107th Ave # 108 Miami, FL 33178

ARTICLE III

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

100 Shares of \$1.00

IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jerry Ruiz 4350 NW 107th Ave # 108 Miami, FL 33178

H02000152178

ARTICLE V INCORPORATOR (S)

The name (s) and street address of the incorporator (s) to these Articles of Incorporation is (are):

Jerry Ruiz 4350 NW 107th Ave # 108 Miami, FL 33178

Jaime Zohrer 9511 Fountainblue Blvd #204 Miami, FL 33178

ARTICLE VI DIRECTOR (S)

The name (s) and street address of the director (s) to these Article of Incorporation is (are):

Jerry Ruiz 4350 NW 107th Ave # 108 Miami, FL 33178 PRESIDENT

Jaime Zohrer 9511 Fountainblue Blvd #204 Miami, FL 33178 VICE PRESIDENT

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this day 7th of June of the year 2002.

Jaime Zohrer - Vice Presiden

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

Į,	The name of the corporation is:	Shaky's Nutrition Suplements, Inc.
2.	The name and address of the registered a	agent and office is:

Jerry Ruiz

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4350 NW 107 th Ave	RETA.	MUL	T
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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 FROVISIONS 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.

Jerry Ruiz - Registered Agent.

Florida Department of State

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Account Number : 120000000019 Phone

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100 Shares of \$1.00

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2. The name and address of the registered agent and office is:

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Jerry Ruiz - Registered Agent