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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

east coast vitamin laboratory inc.

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OF

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

The name of this corporation shall be: EAST COAST VITAMIN LABORATORY INC.

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

The principal place of business of this corporation: 4254 SW 73RD
AVENUE, MIAMI, FL 33155.

The general nature of business of this corporation is to transact any and all lawful business.

The aggregate number of shares which this corporation shall have authority to issue is 300 shares common stock having no individual par value.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: DAVID V. PEREZ, 4254 SW 73RD AVENUE, MIAMI, FL 33155.

ARTICLE VII

The name and address of the officers and board of directors shall be:

PRESIDENT

DAVID V. PEREZ

4254 SW 73RD AVENUE
MIAMI, FL 33155

VICE-PRES

NICOLAS A. PEREZ

4254 SW 73RD AVENUE
MIAMI, FL 33155

ARTICLE VIII

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.
2444 NW 7TH PLACE
MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 9TH day of NOVEMBER, 2004.



INCORPORATOR

Ray Stormont Signing for
Empire Corporate Kit of America, Inc.

beehere00074729

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

East Coast Vitamin Laboratory Inc.
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

Dick R
REGISTERED AGENT

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