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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only Charles Experiments in)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

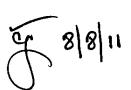
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DIVISION OF CUMPORATION 2011 AUG -5 PM 12: 26



COVER LETTER

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

SUBJECT: BEFIT NUTRITION INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED				
FROM: Peter Hernandez Name (Printed or typed)						
3129 Tobago Avenue	Address					
Clermont, FL 34711 City,	State & Zip	2011 AUG				
407-505-9469 Daytime T	elephone number		=			
beefitnutrition@gmail. E-mail address: (fo be used	COM I for future annual report	notification)				

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the cor		IC.	SECRETARY OF STATE
ADTICLE II	PRINCIPAL OFFICE		DIVISION OF CLAPORATE
ARTICLE II	Principal street address	Mailing	addrentif differentis: PM 12: 26
3	129 Tobago Avenue		2011 AUG #5 PH 12: 26
Ω	lermont, FL 34711		
_	,		
ARTICLE III	DIPPOSE		
	nich the corporation is organized is:		
	brick and mortar nutritional health su	nolement sales outli	et in combination with an e
	ditional consumer business) outlet.	ppiomoni odioo odii	or, moonibiliation with all o
business (trac	alional consumer business) outlet.		
ARTICLE IV The number of share	es of stock is: 100		
	INITIAL OFFICERS AND/OR DIRECTOR		
	tle:Peter Hernandez, President	Name and Title:	
Address:	3129 Tobago Avenue Clermont, FL 34711	Address:	
	Clermont, FL 347 L	-	
Name and Tit	tle:David Coker, Vice President	Name and Title:	
Address:	475 Dewars Court		
	Winter Springs, FL 32708		
Name and Tit	Ha: Eduarda Vaga Sacratary	Nama and Titles	
Address	lle: Eduardo Vega, Secretary 2191 Lake Debra Drive	Address:	
Addiess,	Unit 314	_ Address	
	Orlando, FL 32835		
		-	
ARTICLE VI	REGISTERED AGENT		
The name and Flor	rida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Peter Hernandez	-	
Address:	3129 Tobago Avenue	_	
	Clermont, FL 34711	_	
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	-Isabel Vergara		
Address:	2243 Granger Avenue	-	
	Kissimmee, FL 34746	<u>-</u> _	
Having been name this certificate, I am	d as registered agent to accept service of process a familiar with and accept the appointment as regi	for the above stated corp stered agent and agree to	oration at the place designated in act in this capacity
			08/01/2011
	Required Signature/Registered Agent		Date
	required rightante/ registered rigett		Date
I submit this docum document to the De	nent and affirm that the facts stated herein are partment of State constitutes a third degree felony	true. I am aware that the as provided for in s.817.1	false information submitted in a 55, F.S.
	teld []		08/01/2011
	Required Signature/Incorporator		Date