

713000054462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

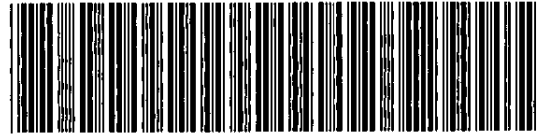
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/24/13--01015--006 **87.50

ST. CLAIR COUNTY OF STATE
TALLAHASSEE, FLORIDA

13 JUN 24 AM 10:47

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COVER LETTER

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

SUBJECT: Nutrition Addicts, 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 Filing Fee
- \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Alicia Mendez
Name (Printed or typed)

15315 75th Way N
Address

Palm Beach Gardens, FL 33418
City, State & Zip

561-512-8259
Daytime Telephone number

alimargi@gmail.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: Nutrition Addicts, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15315 75th Way N, Palm Beach Gardens, FL 33418

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation will sell vitamins and other nutritional supplements primarily on-line.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Francisco Landaeta, President

Name and Title: _____

Address: 11037 NW 9th Crt

Address: _____

Plantation, FL 33324

Name and Title: Alicia Mendez, CFO

Name and Title: _____

Address: 15315 75th Way N

Address: _____

Palm Beach Gardens, FL 33418

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JUN 21, AM 10:47

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(cont.)

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Alicia Mendez
 Address: 15315 75th Way N
Palm Beach Gardens, FL 33418

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Alicia Mendez
 Address: 15315 75th Way N
Palm Beach Gardens, FL 33418

DEPARTMENT OF STATE
PALM BEACH GARDENS, FLORIDA

13 JUN 26 AM 10:47

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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

Alicia Mendez

Required Signature/Registered Agent

6/19/2013

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Alicia Mendez

Required Signature/Incorporator

6/19/2013

Date