1400000033

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		



400256607504

02/18/14--01056--004 **70.00

14 HAR -6 AM II: 28

Office Use Only

11KI-10826 (MD 3/

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Nutrition Inc.	
	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact b	
Please return all correspondence concerning this n	natter to the following:
Ian O'Brien	
Nam	ne of Person
Nutrition Inc.	
Firm	/Company
580 Wendel Road Suite 100	
	Address
Irwin PA 15642	
City/St	ate and Zip code
IObrien@thenutritiongroup.biz	
E-mail address: (to be u	used for future annual report notification)
For further information concerning this matter, ple	ease call:
Ian O'Brien 724	978-2100 Ext 1152
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: \$\mathbb{\mathbb{Z}}\$ \$70.00 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status of Certified Copy



February 19, 2014

IAN O'BRIEN NUTRITION INC. 580 WENDEL ROAD, SUITE 100 IRWIN, PA 15642

SUBJECT: THE NUTRITION GROUP INC.

Ref. Number: W14000010826

We have received your document for THE NUTRITION GROUP INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 014A00003732

www.sunbiz.org

2' DO DOV 0007 M-11-1---- Florida 0001

APPLICATION'BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTE REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA'S 1. Nutrition Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") The Nutrition Group Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Pennsylvania (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") No business transacted as of yet (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 580 Wendel Road Suite 100 Irwin PA 15642 (Principal office address) 580 Wendel Road Suite 100 Irwin PA 15642 (Current mailing address) Management of the cafeteria in school districts (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Margaret E lewister MARGARET E. ROUTZAHN
Special Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRE	Edward Coowell			
Chairman:	590 Wandal Bood Suita 100 Invin DA 15442		14	
Address:	380 Wellder Road Suite 100 HWIII FA 13042		HAR	¥ ;
Vice Chair	rman:	SU.	9-	(T
Address:		THE COLUMN	<u> </u>	promety promety
_		<u> </u>	2	
Director:				
Address:				
-				
Director:				
Address:	· - · · · · · · · · · · · · · · · · · ·			<u> </u>
B. OFFI	CERS	•		
	Gerald Moore			
Address:	580 Wendel Road Suite 100 Irwin PA 15642			
Vice Presi	dent:			
Address:				
Secretary:	Donald L. Baker			
Address:	580 Wendel Road Suite 100 Irwin PA 15642			
Treasurer:	Donald L. Baker			
Address:	580 Wendel Road Suite 100 Irwin PA 15642			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/o	or directe	ors.	
13.	Signature of Director or Officer			
are true a	er or director signing this document (and who is listed in number 12 above) affirms that the nd that he or she is aware that false information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.			
14 Dona	ald L Baker Sec/Tres			

(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

FEBRUARY 6, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

O HOLL Z

I DO HEREBY CERTIFY THAT,

NUTRITION INC.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 11610517-1