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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

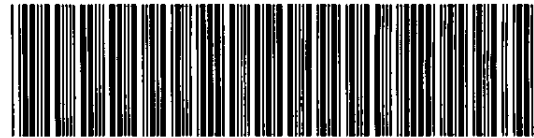
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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~ BRUCE
APR 12 2017

COVER LETTER

TO: Registration Section
Division of Corporations
WEALTH NUTRITION, INC.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
CYNTHIA R. VEGA, ESQ.

Name of Person
LAW OFFICE OF CYNTHIA R. VEGA, PLLC

Firm/Company
5104 SW 131 AVE.

Address
MIAMI, FL 33175

City/State and Zip code
CYNTHIA@CYNTHIAVEGALAW.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CYNTHIA VEGA 305 570-0551

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

WEALTH NUTRITION, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
DELAWARE 82-0969178

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
03/20/2017

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

10340 SW 187th St.
7. Miami, Florida 33157
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Law Office of Cynthia R. Vega, PLLC

Name: _____

5104 SW 131st Ave.

Office Address: _____

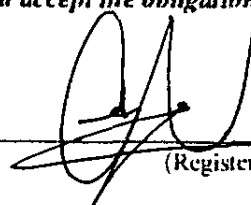
Miami

33175

_____, Florida _____
(City) (Zip code)

9. 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.



(Registered agent's signature)

10. 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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

N/A

Chairman: _____

Address: _____

N/A

Vice Chairman: _____

Address: _____

JASON STONE

Director: _____

10340 SW 187th St.

Address: _____

Miami, FL 33157

JOSEPH IMPERIO

Director: _____

10340 SW 187th St.

Address: _____

Miami, FL 33157

B. OFFICERS

Jason Stone

President: _____

10340 SW 187th St.

Address: _____

Miami, FL 33157

Vice President: Joseph Imperio

Address: 10340 SW 187th St.

Miami, FL 33157

Secretary: Mario Gonzalez

Address: 10340 SW 187th St., Miami, FL 33157


Robert Zorn

Treasurer: _____

10340 SW 187th St., Miami, FL 33157

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Please see addendum)

12.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Mario Gonzalez, Director

13. _____

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

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TALLAHASSEE FLORIDA

**Addendum to
Application by Foreign Corporation for Authorization to Transact Business in Florida**

Name of Foreign Corporation: Wealth Nutrition, Inc.

Addendum to Section 11(a) – Additional Directors

Name	Address	Title
Mario Gonzalez	10340 SW 187 th St. Miami, FL 33157	Director
Robert Zorn	10340 SW 187 th St. Miami, FL 33157	Director
William Cartwright	10340 SW 187 th St. Miami, FL 33157	Director

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WEALTH NUTRITION, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF MARCH, A.D.
2017.



6353690 8300

SR# 20171874676

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202233366

Date: 03-21-17