

F95000000274

TRANSMITTAL LETTER

November 30, 1994

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: VITAMIN DEPOT, INC.
(Name of corporation - must include suffix)

700001345557
-12/06/94--01110--003
*****70.00 *****70.00

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

PAUL M. MARMISH, ESQUIRE

(Name of Person)

PAUL M. MARMISH, P.A.

(Firm/Company)

2666 TIGERTAIL AVENUE, SUITE 102

(Address)

COCONUT GROVE, FLORIDA 33133

(City, State and Zip Code)

W94-26059

Should you need to call someone concerning this matter, please call:

PAUL M. MARMISH, ESQUIRE

(Name of Person)

at (305) 858 - 2097

Area Code & Daytime Telephone Number

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DIVISION OF CORPORATIONS
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COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 7, 1994

PAUL M. MARMISH, P.A.
2666 TIGERTAIL AVE.
SUITE 102
COCONUT GROVE, FL 33133

SUBJECT: VITAMIN DEPOT, INC.
Ref. Number: W94000026059

We have received your document for VITAMIN DEPOT, INC. and your check(s) totalling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

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 (904) 487-6094.

Steven Harris
Corporate Specialist

Letter Number: 294A00052130

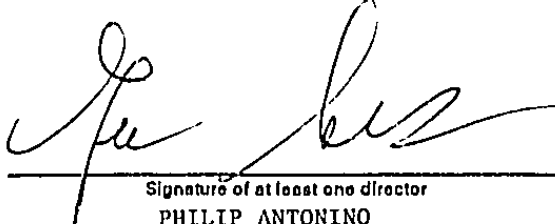
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RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned PHILIP ANTONINO, do hereby certify
that this Resolution of the Board of Directors of VITAMIN DEPOT,
a corporation duly organized and existing under the laws of the State of NEVADA,
was duly adopted on DECEMBER 14, 19 94.

Resolved, that VITAMIN DEPOT, organized
and existing in the State of NEVADA, hereby adopts the
name THE ORIGINAL VITAMIN DEPOT, INC. for use in Florida.

Dated: DECEMBER 14, 1994



Signature of at least one director
PHILIP ANTONINO

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

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

1. VITAMIN DEPOT, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person
or partnership if not so contained in the name at present.)

2. NEVADA 3. APPLICATION PENDING
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 18, 1994 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. OCTOBER 17, 1994
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. 915 WEST HALLANDALE BEACH FLORIDA
HALLANDALE, FLORIDA 33009
(Current mailing address)

8. TO ENGAGE IN ANY LAWFUL ACTIVITY (PRIMARYLY VITAMIN SALES)
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: PHILIP ANTONINO
Office Address: 915 WEST HALLANDALE BEACH BLVD.
HALLANDALE, Florida, 33009
(Zip Code)

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 the obligations of my position as registered agent.


(Registered agent's signature)
PHILIP ANTONINO

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 addresses of officers and/or directors:

A. DIRECTORS

(ONE ONLY)

Chairman: PHILIP ANTONINO
Address: 915 W. HALLANDALE BEACH BLVD.
HALLANDALE, FLORIDA 33009

Vice Chairman: NONE
Address: _____

Director: NONE
Address: _____

Director: NONE
Address: _____

B. OFFICERS

President: PHILIP ANTONINO
Address: 915 W. HALLANDALE BEACH BLVD.
HALLANDALE, FLORIDA 33009

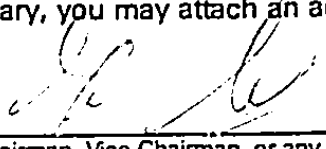
Vice President: NONE
Address: _____

Secretary: PHILIP ANTONINO
Address: 915 W. HALLANDALE BEACH BLVD.
HALLANDALE, FLORIDA 33009

Treasurer: PHILIP ANTONINO
Address: 915 W. HALLANDALE BEACH BLVD.
HALLANDALE, FLORIDA 33009

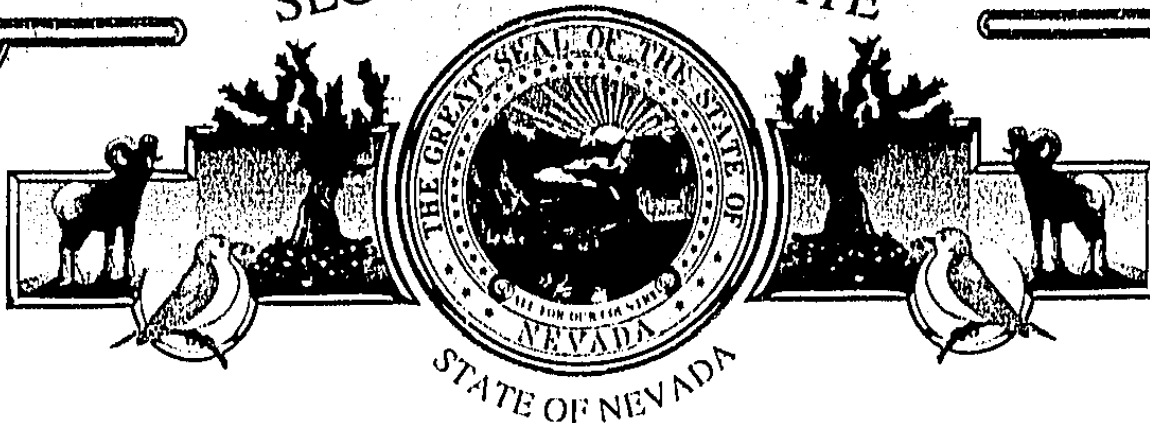
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DIVISION OF CORPORATE AFFAIRS
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E: If necessary, you may attach an addendum to the application listing additional officers or directors.


Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)

PHILIP ANTONINO, SOLE DIRECTOR AND PRESIDENT
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF CORPORATE STATUS

I, CHERYL A. LAU, the duly elected, qualified and acting Secretary of State of the State of Nevada, do hereby certify that I am, by the laws of said State, the custodian of the records relating to corporations organized under the laws thereof; the revocation of their corporate charters, and their right to transact and carry on their corporate business; and am the proper officer to execute this certificate.

I further certify that, at the date of this certificate, VITAMIN DEPOT is a corporation duly organized and existing under and by virtue of the laws of the State of Nevada, having fully complied therewith; is entitled to exercise therein all the corporate powers and functions recited in its charter or articles of incorporation, and is in good standing in this State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, this 3rd day of November, 1984

Cheryl A. Lau

Secretary of State

By

J. W. H. H. H.

Certification Clerk

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DIVISION OF RECORDS
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