

3/11/2021



Division of Corporations

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Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
FOUNDATION FOR NUTRITIONAL EQUALITY CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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J. FASON

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**The name of the corporation shall be: Foundation for Nutritional Equality Corp.**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

12877 Island Spirit DrivePensacola, FL 32506**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: combat nutritional Insecurity within impoverished communities where obesity and obesity  
related illnesses hit the hardest and to increase awareness surrounding the relationship between diet  
and exercise in order to help people embark upon a road to good health and wellbeing regardless of  
race, creed, color, socio-economic status, age, gender or geography.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:The method of election of the Directors shall be stated in the by-laws of the corporation.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: Corporation Service Company

Address: 1202 Hays Street

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Pete Ferrari

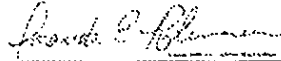
Address: 12872 Island Spirit Drive

Pensacola, FL 32506

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*

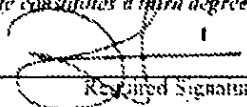
Required Signature of Registered Agent

03/11/2021

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

X



Required Signature of Incorporator

3/9/21

Date

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