

TRANSMITTAL LETTER

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

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-04/17/00--01002--008
*****78.75 *****78.75

SUBJECT: Muscle Performance, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Pleiman & Co., PA
Name (Printed or typed)

9471 Baymeadows Road Suite 308
Address

Jacksonville, FL 32256
City, State & Zip

(904) 448-5005
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR 13 PM 1:34

FILED

KR
4/17

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be

Muscle Performance, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be

325 Holly Knowe Road
Orange Park, FL 32073

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Hundred (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Thomas C. Pleiman, Jr.
C/O Pleiman & Co. PA
9471 Baymeadows Road Suiet 308
Jacksonville, FL 32256

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Pleiman & Co. PA
9471 Baymeadows Road Suite 308
Jacksonville, FL 32256



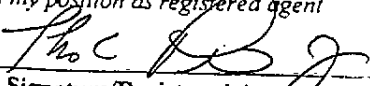
Signature/Incorporator

4/12/00

Date

(An additional article must be added if an effective date is requested.)

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



Signature/Registered Agent

4/12/00

Date

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00 APR 13 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA