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TRANSMITTAL LETTER

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 AUG -8 PM 1:09

SUBJECT: NUTRI LABORATORIES, INC.  
(PROPOSED CORPORATE NAME)

ENCLOSED IS AN ORIGINAL AND ONE(1) COPY OF THE ARTICLES OF  
INCORPORATION AND OUR CHECK FOR \$ 78.75

200003336972--7  
-07/26/00--01083--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FROM:

RICHARD RIESENBERG

NAME

644 E. HALLANDALE BEACH BLVD.

ADDRESS

HALLANDALE, FL 33009

CITY, STATE AND ZIP

954-458-5514

AREA CODE AND PHONE NUMBER

2555-2544  
W00-18843

g 8/8/00



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -8 PM 1:09

July 28, 2000

RICHARD RIESENBERG  
644 E. HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009

SUBJECT: NUTRI LABORATORIES, INC.  
Ref. Number: W00000018843

We have received your document for NUTRI LABORATORIES, INC.. However, the document has not been filed and is being returned for the following:

The registered agent and street address must be consistent wherever it appears in your document.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of 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) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 900A00041241

ARTICLES OF INCORPORATION  
OF  
NUTRIFIT SOFTWARE INC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -8 PM 1:09

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE #1 NAME OF THE CORPORATION

NUTRIFIT SOFTWARE INC

ARTICLE #2 PRINCIPAL OFFICE

14550 SOUTH MILITARY TRAIL DELRAY BEACH, FL 33484

ARTICLE #3 SHARES

1000 SHARES COMMON

ARTICLE #4 INITIAL REGISTERED AGENT AND STREET ADDRESS

COREY RITTER 1147 VIA JARDIN PALM BEACH GARDENS FL 33418

ARTICLE #5 INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S)  
TO THESE ARTICLES OF INCORPORATION ARE:

CHRIS ADAIR 1089 CAMPROCK ROAD WEST PALM BEACH FL 33417

COREY RITTER 1147 VIA JARDIN PALM BEACH GARDENS FL 33418

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE  
ARTICLES OF INCORPORATION THIS 20<sup>th</sup> DAY OF July 2000:

  
SIGNATURE

  
SIGNATURE

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -8 PM 1:09

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501,  
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE  
LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION:

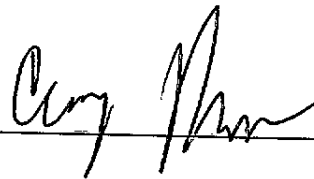
NUTRIFIT SOFTWARE INC

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

COREY RITTER 1147 VIA JARDIN PALM BEACH GARDENS FL 33418

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



DATE

7-20-00