OOOOO83036 MPLE LETTER OF TRANSMITTAL)

,	DATE 8/25	/00	
Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	العالم المنافعة المنافعة العالم المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة المناف المنافعة المنافعة ا	3000033	751535* 00-0115-018 5.75 ******78.75
Re:	Discover Nutrition (Name of Corporatio	, Inc.	· · · · · · · · · · · · · · · · · · ·
Gentlemen: Enclosed please find the origin check in the amount of \$122.5	al and one copy of the Article	es of Incorporation, togeth	er with my
This represents the cost of the Registered Agent Designation	Filing Fees, Certified Copy of	ion.	and Fee for
	very truty your	Marie)	28 # 8: 06 17/07/5/17/5/19/04
		iscover Nutrition (Name of Corporation	
	MAIL	LING ADDRESS OF CORPO	DRATION -
	208 \$	South Park Circle	East

St. Augustine, Florida 32086 PHONE (904)<u>824-8147</u> Ext. Area Code Number

ARTICLES OF INCORPORATION

of

Discover Nutrition Inc. (name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

following articles of incorporation for such corporation:	8 4
ARTICLE I - CORPORATE NAME	ALCO TO THE
The name of the corporation is:	75 14 °C
Discover Nutrition Inc.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
ARTICLE II - DURATION	ONDE

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS 208 South Park Circle East		* * * * * * * * * * * * * * * * * * * *		
CITY St. Augustine	FLORIDA		ZIP	32068
Mailing address, if different		7-5	· ·	
STREET ADDRESS				·
	•	·		
CITY	FLORIDA		ZIP	-

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

The sace	t address of the factories		
NAME	W. Scott Pacetti		
ADDRESS	136 Malaga Street		
CITY	St. Augustine	FLORIDA	ZIP 32086

NAME Nancy A. Vail ADDRESS 208 South Park CITY St. Augustine NAME Ronald G. Vai		=			
ADDRESS 208 South Park CITY St. Augustine NAME Ronald G. Vai	Circle East .				
CITY St. Augustine NAME Ronald G. Vai		- * · · ·			
NAME Ronald G. Vai			Florida	ZIP 320	186
PPRESS	1		· ·		
		<u> </u>			
		STATE Florid	a.	ZIP 320	86
VAME	·				
ADDRESS	· · · · · · · · · · · · · · · · · · ·				,
CITY	· · · · · · · · · · · · · · · · · · ·	STATE	· · · · · · · · · · · · · · · · · · ·	ZIP	
NAME Nancy A Vail ADDRESS 208 South Par CITY St. Augustine	k Circle East	STATE Florid	a	ZIP3208	36
NAME Ronald G. Vai	.1				
ADDRESS 208 South Par	k Circle East				
CITY St. Augustine		STATE Florid	a	ZIP 320	86
NAME	· · · · · · · · · · · · · · · · · · ·				
ADDRESS					
CITY		STATE	· · · · · · · · · · · · · · · · · · ·	ZIP	
he undersigned incorporator(s) hay ofAugust	nave executed these A	rticles of Incorporation	this <u>25</u> t	h .	
	-	The		(Sig	nature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



<u>Discover Nutrition Inc.</u>
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 208 South Park Circle East

St. Augustine, Florida 32086

has named W. Scott Pacetti

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

re) ______