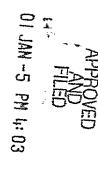
TRANSMITTAL LETTER

HOLOOOCA138

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

SUBJECT:	PROPOSED CORPORA	Healthstop TENAME-MUST INCLU	JDE SUFFIX)	<u></u>
Enclosed is an origin	al and one(1) copy of the articl		00035262 -01/08/01010 ****122.50 * check for:	73- 04-0 ****7
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Name (Pr 2017 W / A Tull, F1. City, S	Caden inted or typed) PINSACO LA STA. ddress 32364 State & Zip 14-225 Tephone number	01 JAN -5 PM 3-58 DIVISION OF CORPORATION	RECEIVED

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



ARTICLE I NAME
The name of the corporation shall be:
The name of the corporation shall be: DAA Mutrition'S Healthstop # 1, Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
The principal place of business/mailing address is: 2017 W. Pensacola Str. Tall, F/ 32304
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Nutrition, Smoothie, Sales
ARTICLE IV SHARES
The number of shares of stock is:
1,000
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)
The name(s) and address(es):
J. Adam Ogden ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
J. Adam Ogden 1817 Sherwood Dr. Tall, Fl. 32304

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Signature/Registered Agent Date
Signature/Registered Agent
1 / / / / / / / / / / / / / / / / / / /
Signature/Incorporator Date

ARTÍCLÉS OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)