EXPRESS CORPORATE FILING SERVICE INC. (Requestor's Name) 3940 W.FLAGLER ST. 2nd FLOOR (Address) MIAMI, FLORIDA 33134 (305)444-4994 (City, State, Zip) (Phone #) CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. Utcaratural, The (Corporation Name) (Document #) 2. (Corporation Name) (Document #)

Nutranatur	OCUMENT NUMBER(S) (if known):
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
	(Document*)
Walk in Pick up time	(Document #) Certified Copy Certified Copy
Mail out Will wait	Photocopy Certificate of Status Property Propert
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger /
OTHER FILINGS	REGISTRATION!
Annual Report	
Fictitious Name	Foreign 9HITI 4 0 ANN OL
Name Reservation	Limited Partnership
	Reinstatement 19 70 70 70 70 70 70 70 70 70 70 70 70 70
F	Trademark
 	Other
031(9/92)	Examiner's Initials

Date FEBRUARY 21, 2001

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Tallahassee, Fl. 323	Yan
Re	NUIRANAIDRAL, INC.
	(name of corporation)
Gentlemen: Enclosed please fi check in the amou	nd the original and one copy of Articles of Incorporation, together with my nt of \$
This represents th Fee for Registered	e cost of the Filing Fees, Certified Copy of Articles of Incorporation and defent Designation for the above named corporation.
	Very truly yours,
	(individual's name)
	NUTRANATURAL, INC.
-	(name of corporation)
	MAILING ADDRESS OF CORPORATION ————————————————————————————————————
	15800 BULL RUN RD #157
	MIAMI LAKES, FL 33014
	PHONE
	(305) 231–9657
	Area Code Phone Number Ext.

$\underset{\text{of}}{\underline{\textit{ARTICLES OF INCORPORATION}}}$

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	ARTICLES C	OF INCO	ORPORATIO	Ÿ	OTFEB 2	11
	NUTRANATI	JRAL, I	NC.		25 70	
	(nam	e of corpo	ration)		A PA	
	gned subscriber(s) to these Articles of in oration under the laws of the State of Fl		on, natural perso	on(s) coi	npetent to contract hereby	
The name of	ARTICLE I - f the corporation is:	- CORPO	RATE NAME		,	
	NUTRANATU	JRAL, I	NC.			
This corpora	ARTICL tion shall exist perpetually unless disso		JRATION rding to Florida	law.		
	ARTICL tion is organized for the purpose of eng tates and the State of Florida.		URPOSE my activities or b	ousiness	permitted under the laws of	
Dollar(s) (\$	tion is authorized to issue500 S	SHARES ommon St EGISTER	ED OFFICE A	ND AG	gnated "Common Shares".	
NAME					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ADDRESS	FRANCIS E. JIMENEZ	<u></u>				
CITY	15800 BULL RUN RD., #157 MIAMI LAKES	STATE		ZIP	00011	
			FLORIDA		33014	
The principa	al office, if known, or the mailing addre	oss of the c	orporation is.			l
NAME	NUTRANATURAL, INC.	 				
ADDRESS	15800 BULL RUN RD., #157		· · · · · · · · · · · · · · · · · · ·			
CITY	MIAMI LAKES	STATE	FLORIDA	ZIP	33014	
directors ma	ARTICLE VI - INIT. ation shall have ONE y be either increased or diminished from the initial director(s) of the initial director(s)	m time to) direct time by the By-L	ors initi aws, bu	ally. The number of t shall be less thatn one (1).	
NAME	FRANCIS E. JIMENEZ	PRESI	DENT			·
ADDRESS	15800 BULL RUN RD., #157					
CITY	MIAMI LAKES	STATE	FLORIDA	ZIP	33014	.=
NAME						

STATE

ZIP

ADDRESS

CITY

NAME

ADDRESS

Article VII - INCORPORATORS

The names and addresses of the in		se Articles of Incorpora	ation are as follows:
NAME FRANCIS E. JIMENEZ			
ADDRESS 15800 BULL RUN RD.		TODEDA	22017
CITY MIAMI LAKES	STATE F	LORIDA ZIP	33014
NAME		· · · · · · · · · · · · · · · · · · ·	
ADDRESS _		-	
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	····
· · · · · · · · · · · · · · · · · · ·			(Seal)
STATE OF FLORIDA) ss		(Seal)
before me, a Notary Fublic authorized t personally appeared: FRAN	CIS E. JIMENEZ	s in the State and Cour DL#J552-245-72 Form of Ident	-867-0
Signature		Form of Ident	ification
Signature		Form of Identi	fication
	nited the foregoing Articles of In ese articles of Incorporation, th te each name, and that an oath	at I relied upon the form	lged before of identification
NOTATRY RUBBER STAMP SEAL	Witness my hand and	official seal in the County ar	nd State last aforesaid this
	21	day ofFEBRUARY	XX _2001
	Notary Signiture		

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)

OTFEB 22 PM 1: 42
ECRETARY OF STATE