

PD1000035047

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000034244 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620

Phone : (608)827-5300

Fax Number : (608)827-5501

FLORIDA PROFIT CORPORATION OR P.A.

Nutrition Services of South Florida Inc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

FILED
01 APR -6 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT #

H010000342443**ARTICLES OF INCORPORATION**

In compliance with Chapter 607, F.S.

ARTICLE I NAMEThe name of the corporation shall be: **Nutrition Services of South Florida Inc****ARTICLE II PRINCIPAL OFFICE**The principal place of business and mailing address of this corporation shall be:
90 Edgewater Dr., #505, Coral Gables, Florida 33133. Located in the County of Dade.**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Nutrition counseling services

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is two thousand. The par value of each share of stock is one cent (\$0.01) par value.

ARTICLE V OFFICERS/DIRECTORS

The initial director of the corporation is:

Norma I. Falla, 90 Edgewater Dr., #505, Coral Gables, Florida 33133

ARTICLE VI REGISTERED AGENT

The name and Florida Street address of the registered agent is: Business Filings Incorporated, 1000 West Avenue, Suite 1114, Miami Beach, Florida 33139. Located in the County of Miami-Dade.

ARTICLE VII INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is Richard Oster, 8025 Excelsior Dr, Suite 200, Madison, WI 53717.

I hereby accept the appointment as registered agent and agree to act in this capacity.

Signature: _____

Richard Oster, Vice President
Business Filings Incorporated

Date

4/4/01

Signature: _____

Richard Oster, Incorporator

Date

4/4/01The document was prepared by: Richard Oster, 8025 Excelsior Dr, Suite 200, Madison, WI 53717.
608-827-5300

FAX AUDIT #

H010000342443SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR -6 AM 9:38

FILED