

## TRANSMITTAL LETTER

# PO1000057302

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

SUBJECT: Nutrition Outreach International, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

NOLAN D. ALLEN  
Name (Printed or typed)

800004309288-0  
-06/11/01-01010-001  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

3958 OAK HAMMOCK LN.  
Address

Fort Pierce, Fla. 34981  
City, State & Zip

1-561-466-7707  
Daytime Telephone number

TO BE  
FILED  
SUFFICIENT FOR FILING

2001 JUN 11 AM 8:03

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

01 JUN 11 AM 8:28

NOTE: Please provide the original and one copy of the articles.

ack  
6/11

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

Nutritional Outreach International, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3958 Oak Hammock Ln.  
Fort Pierce, Fl. 34981

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To develop, market & sell nutritional products  
~~internationally.~~

## ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Nolan D. Allen, President 3958 Oak Hammock Ln.  
Fort Pierce, FL 34981

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

NOLAN D. ALLEN  
3958 OAK HAMMOCK LN.  
FORT. PIERCE, FL 34981

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NOLAN D. ALLEN  
3958 OAK HAMMOCK LN.  
FORT. PIERCE, FL 34981

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Nolan D. Allen

Signature/Registered Agent

6-11-01

Date

Nolan D. Allen

Signature/Incorporator

6-11-01

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUN 11 AM 8:23

APPROVED  
AND  
FILED