## 70200012795

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

800005257408--6 -04/12/02--01056--002 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT:  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)  Enclosed are an original and one (1) copy of the articles of incorporation and a check for:  (\$70.00	P. O. Box 6327 Tallahassee, FL 323					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:    STO.00   \$78.75   \$78.75   \$87.50     Filing Fee   Filing Fee   & Certificate of Status   & Certified Copy   & Certificate of Status     ADDITIONAL COPY REQUIRED     FROM:	<i>y</i>	MILLENNIUM N	UTRITION C	ORPORAT	TION	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:    \$\frac{1}{3}\frac{70.00}{70.00}	SUBJECT:	(PROPOSED CORPORA)	TE NAME – MUST INCLU	IDE SUFFIX )		
FROM:    \$78.75		(		, <u>, , , , , , , , , , , , , , , , , , </u>		
FROM:    \$78.75						
Filing Fee Filing Fee, & Certificate of Status  Example 8 Filing Fee, & Certified Copy & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED  FROM:    JAMES   GOSSETT   TARRY OF STARRY OF STARR	Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	d a check for:		
**Certificate of Status  **Certificate Copy	<i>/</i> \					
FROM:  JAMES R., GOSSETT TASECRETARY OF STATES.  Name (Printed or typed)  Address  Address  TAMPA FL 33624  City, State & Zip  ADDITIONAL COPY REQUIRED  02 APR 12	1 mig rec			Certified C	Ору	
Address  Address  TAMPA FL 33624  City, State & Zip			ADDITIONAL CO		ED	
Address  Address  TAMPA FL 33624  City, State & Zip	FROM:	JAMES	R. GOSSE	7/		
TRMPA FL 33624  City, State & Zip		Name (Printed or typed)			CRE LAH	-71
	-	$\frac{\frac{16301}{00000000000000000000000000000000000$				
		TRMPA FL 33624 FOR			AM 7: OF ST/ E. FLOI	G
×15-465-1275	_				ALE VIEW	5
	-	Daytime Telephone number			-	

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

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ARTICLES OF INCORPORATION

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

FILED 02 APR 12 AM 7:19

ARTICLE I NAME

The name of the corporation shall be:

MILLENNIUM NUTRITION CORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

16301 NORWOOD DR TAMPA FL 33624

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH & NUTRITION FRANCHISING/PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is: 30,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

DIRECTORS JAMES R GOSSETT

STEVEN A. GOSSETT

MATTHEW R. WILLIAMS

REGISTERED AGENT

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

JAMES R. GOSSETT 16301 NORLDOOD DR

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES R. GOSSETT

16301 NORWOOD DR

TAMPA FL 33624

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

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Signature/Registered Agent

4- 9- 3002 Date

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