

P02000043038

TRANSMITTAL LETTER

FILED  
02 APR 15 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

400005272124--4  
-04/15/02--01050--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

Nu-Gen Nutrition, 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:

John Maras

Name (Printed or typed)

12524 Shoreline Drive Ste 402H

Address

Wellington FL 33414

City, State & Zip

561-792-7077

Daytime Telephone number

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

QB 4/22 ✓

**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:

NU-GEN Nutrition

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12524 Shoreline Drive, Ste 402H  
Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to operate nutrition supplement business

ARTICLE IV SHARES

The number of shares of stock is:

100 no-par shares

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): President John Maras 12524 Shoreline Drive  
Vice President Barbara Maras Suite 402H

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

John Maras  
12524 Shoreline Drive #402H  
Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Barbara Maras  
12524 Shoreline Drive #402H  
Wellington, FL 33414

\*\*\*\*\*  
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

x John Maras  
Signature/Registered Agent

4-11-02

Date

x Barbara L. Maras  
Signature/Incorporator

4-11-02

Date