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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : LORN LEITMAN, C.P.A.  
Account Number : T19980000088  
Phone : (305)279-8943  
Fax Number : (305)271-4421

02 AUG 30 AM 7:52

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

~~U.S. Supplemental Distribution, Inc.~~  
U.S. Supplemental Distributors, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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**ARTICLES OF INCORPORATION**  
**OF**  
**U.S. Supplemental Distributors, Inc**

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TALLAHASSEE, FLORIDA  
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The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, does hereby adopt the following articles of incorporation:

**ARTICLE I**

The name of the corporation is U. S. Supplemental Distributors, Inc.

**ARTICLE II**

The term of the existence of the corporation is perpetual. The inception date of the corporation and the day it began operations is August 30, 2002.

**ARTICLE III**

The general purposes for which the corporation is to distribute supplements.

**ARTICLE IV**

The aggregate number of shares of stock which the corporation is authorized to issue is One Hundred (100).

**ARTICLE V**

The street address of the initial registered office and the principal place of business of the corporation is 7700 North Kendall Drive, Suite 405, Miami, FL 33156. and the name of the agent at such address is : Lorn Leitman.

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Lorn Leitman, Esquire  
Bar Number: 562238

7700 North Kendall Drive, Suite 405, Miami, FL 33156  
(305) 279-8943 fax (305) 271-4421

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ARTICLE VI

The number of directors constituting the initial board of directors of the corporation is TWO (2). The name and address of the person/persons who is/are to serve as initial board are:

<u>Name</u>	<u>Address</u>
Lorn Leitman (P)	7700 N Kendall Dr #405 Miami, FL 33156
Gustavo Barni (VP)	6555 NW 9 Ave #109 Ft Lauderdale, FL 33309

ARTICLE VII

The name and address of the person signing these articles of incorporation is:

<u>Name</u>	<u>Address</u>
Lorn Leitman (P)	7700 N Kendall Dr #405 Ft Lauderdale, FL 33309

Executed by the undersigned at Miami, Dade County, Florida on this 30  
day of August, 2002

  
\_\_\_\_\_  
Lorn Leitman

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Lorn Leitman, Esquire  
Bar Number: 562238

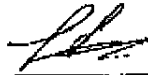
7700 North Kendall Drive, Suite 405, Miami, FL 33156  
(305) 279-8943 fax (305) 271-4421

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ACCEPTANCE BY REGISTERED AGENT:

Having been named to accept service of process for the above named corporation at a capacity place designated in these Articles of Incorporation, I hereby accept to act in this, and agree to comply with the provision of Chapter 48.091, Florida Statutes, relative to keeping open said office for service of process.



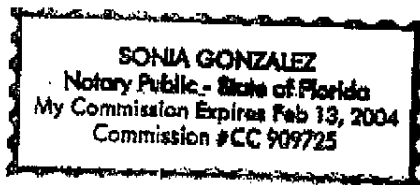
STATE OF FLORIDA)  
COUNTY OF DADE ): SS :

Before me, the undersigned authority, personally appeared Lorn Leitman to me well known to be the person who executed the foregoing ARTICLES OF INCORPORATION and acknowledged before me, according to law, that he made and subscribed the same for the purposes therein mentioned and set forth

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 30  
day of August, 2002.

  
Notary Public, State of Florida, at Large

My Commission Expires:



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Lorn Leitman, Esquire  
Bar Number: 562238

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**CERTIFICATE DESIGNATION (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR  
THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY  
BE SERVED.**

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in  
compliance with said Act:

First - That U.S. Supplemental Distributors, Inc. desiring to organize under the laws of the  
State of Florida with its principal office, as indicated in the articles of  
incorporation at City of Miami,


County of Miami-Dade, State of Florida

has named Lorn Leltman  
(Name of Registered Agent)

located at 7700 North Kendall Drive, Suite 405

City of Miami, County of Miami-Dade

State of Florida, as its agent to accept service of process within this state.

  
ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at  
place designated in this certificate, I hereby accept to act in this capacity, and agree  
to comply with the provision of said Act relative to keeping open said office.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Lorn Leltman, Esquire  
Bar Number: 552238

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