

PD2000127425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

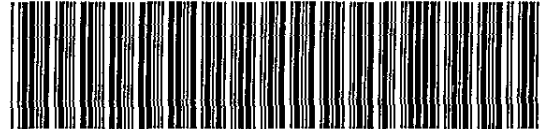
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600 12/14

⑤

TRANSMITTAL LETTER

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

SUBJECT: Whole Sale Nutrition Direct Corp.
(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 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: Michael Sanders
Name (Printed or typed)

3440 N. Goldensal Rd Apt #327
Address

Winter Park FL 32792
City, State & Zip

(407) 678-8865
Daytime Telephone number

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

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:

Wholesale Nutrition Direct Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6869 Stapint Ct. Suite 104
Winter Park FL 32792

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any legal Business.

ARTICLE IV SHARES

The number of shares of stock is:

30,000 authorized / 1000 issued

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

President - Michael Sanders
Vice President - John Gasper
Secretary - Maibel Sanders
Treasurer - John Gasper

ARTICLE VI REGISTERED AGENT

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

Michael Sanders
6869 Stapint Ct. Suite 104
Winter Park FL 32792

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Sanders
3440 N. Goldenrod Rd Apt 327
Winter Park FL 32792

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


Signature/Registered Agent

11/24/02
Date


Signature/Incorporator

11/24/02
Date

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TALLAHASSEE, FLORIDA