

PO2000127425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

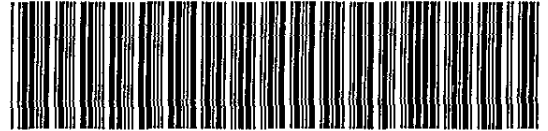
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**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/ mailing address is:

6869 Stapoint 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 - Macibel Sanders  
Treasurer - John Gasper

**ARTICLE VI REGISTERED AGENT**

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

Michael Sanders  
6869 Stapoint 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

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\*\*\*\*\*  
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

11/24/12  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11/24/12  
\_\_\_\_\_  
Date