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## TRANSMITTAL LETTER

FILED

2003 FEB 26 PM 2: 12

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

SECRETARY OF STATE TALLAHASSEE FLORIDA

SUBJECT:	OPTIMAL NUTRITION INC	-			
	(Proposed corporate name - must include suffix)				
inclosed is an original	and one(1) copy of the artic	cles of incorporation and a	check for :		
_	_				
\$70,00	\$78.75	□\$122.50	\$131.25		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate	& Certified Copy	Certified Copy		
			& Certificate		
		ADDITIONAL COPY REQUIRED			
		;			
FROM:	BEN A COOPER				
· · ·	Name	(Printed or typed)			
	P O BOX 1177				
<u>.</u> .		Address	<u></u>		
	HOLMES BEACH, FL 3	4218			
-	Cit	y, State & Zip	·		
		<del>, -</del>			
94	1-778-6118				
• • •	Daytime	Telephone number			

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

## ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

2003 FEB 26 PM 2: 12

SECHETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

OPTIMAL NUTRITION INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P O BOX 1474 ANNA MARIA FLORIDA 34216

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

PATRICIA KING 300 N 22ND STREET BRADENTON BEACH, FL 34217

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

BEN A COOPER P O BOX 1177 HOLMES BEACH, FL 34218

Signature/Incorporator

FEBRUARY 22, 2003

Date

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

Date

2/20/03