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**Charter Number Only** 

Cast management

Requestor's Name No No 19 th Ave #9

Address Miami, Fe 33/66

City State ZIP Phone

(305)593-5151F

**CORPORATION(S) NAME** 

Acknowledgment

W.P. Verstier

Nutpharm C	onsultan	+S, Fnc.
Profit (	) Amendment	( ) Merger
( ) Foreign (	) Dissolution	
( ) Limited Partnership ( ( ) Reinstatement (	) Annual Report ) Reservation	( ) Mark  ( ) Other ( ) Change of Registered Agent  ( ) Certificate Under Seal  ( ) After 4:30
Certified Copy (	) Photo Copies	( ) Certificate Under Seal
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#### ARTICLES OF INCORPORATION

WE THE UNDERSIGNED, HEREBY ASSOCIATE OURSELVES TOGETHER FOR THE PURPOSE OF BECOMING A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA PROVIDING FOR THE FORMOTION OF A CORPORATION FOR PROFIT WITH THE POWERS, RIGHTS, PRIVILIGES AND IMMUNITIES HEREINAFTER MENTIONED, AND WE HEREBY MAKE, SUBSCRIBE AND ACKNOWLEDGE AND FILEWITH THE SECRETARY OF FLORIDA THESE ARTICLES OF INCORPORATION; AND TO THAT END WE DO, BY THESE ARTICLES, SET FORTH:

## ARTICLE I

THE NAME OF THIS CORPORATION (WHICH IS HEREINAFTER CALLED THE "CORPORATION" IS NUTPHARM CONSULTANTS, INC.

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## ARTICLE II

THIS CORPORATION SHALL EXIST PERPETUALLY, CORPORATION EXISTANCE SHALL BEGUIN ON THE DAY UPON WHICH THESE ARTICLES ARE APPROVED BY THE SECRETARY OF THE STATE OF FLORIDA.

# ARTICLE III

THE PURPOSE OF THIS CORPORATION IS TO TRANSACT ANY OR ALL LAWFUL BUSINESSES FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER CHAPTER 607 OF THE FLORIDA STATUTES.

# ARTICLE IV

THIS CORPORATION IS AUTHORIZED TO ISSUE 500 SHARES OF COMMON STOCK, WHICH SAID SHARES SHALL HAVE A PAR VALUE OF TEN (\$10.00) DOLLARS PER SHARE UPON ISSUANCE.

# ARTICLE V

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE AT 15873 SW 150 TERRACE MIAMI, FLORIDA 33196 WITH THE PRIVILIGE OF HAVING BRANCH OFFICES WITHIN AND WITHOUT THE STATE OF FLORIDA.

# ARTICLE VI

THE INITIAL REGISTERED AGENT OF THIS CORPORATION UPON WHICH PROCESS MAY BE SERVED IS,
LOUIS F. CAST 4805 NW 79 AVENUE #9 MIAMI, FLORIDA 33166

#### ARTICLE VII

THIS CORPORATION SHALL HAVE ONE DIRECTOR(S) INITIALLY.
THE NUMBER OF DIRECTORS SHALL BE FIXED BY LAW AND MAY BE CHANGED FROM TIME TO TIME.

#### ARTICLE VIII

THE NAME AND STREET ADDRESSES OF THE INITIAL DIRECTOR OF THIS CORPORATION IS: JUAN PAULA 15873 SW 150 TERRACE MIAMI, FLORIDA 33196 THE AFORSAID DIRECTORS SHALL HOLD OFFICE FOR THE YEAR OF THIS CORPORATION EXISTANCE OR UNTIL A SUCCESSOR IS CHOSEN AS PROVIDED FOR IN THE BYLAWS.

THE INITIAL OFFICERS OF THIS CORPORATION AND THEIR ADDRESSES ARE:

PRESIDENT: ROSA A, POLANCO-PAULA 15873 SW 150 TERRACE MIAMI, FLORIDA 33196

VICE PRESIDENT JUAN PAULA 15873 SW 150 TERRACE MIAMI, FLORIDA 33196

TREASURER ROSA A. POLANCO-PAULA 15873 SW 150 TERRACE MIAMI,FLORIDA33196

SECRETARY: JUAN PAULA 15873 SW 150 TERRACE MIAMI, FLORIDA 33196

## ARTICLE IX

THE NAME AND STREET ADDRESS OF THE INCORPORATOR JUAN PAULA 15873 SW 150 TERRACE MIAMI, FLORIDA 33196 THE UNDERSIGNED HAS EXECUTED THESE ARTICLES OF INCORPORATION

SÍGNÁTURE / TITLE /

# CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA

1. THE NAME OF THE CORPORATION .NUTPHARM CONSULTANTS, INC..

2 THE NAME AND ADRESS OF THE REGISTERED AGENT IS:. LOUIS F. CAST 4805 NW 79 AVENUE # 9 MIAMI, FLORIDA 33166

SIGNATURE

N PAULA Y PRESIDENT & SECRETARY

DATE: JULY 24,2003

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.

LOUIS F. CAST