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OR 6/10

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_ MCT NUTRITION INC (Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00	\$78.75
Filing Fee	Filing Fee
	& Certificate
	of Status
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\$78.75	\$87.50	X	
Filing Fee	Filing Fee,		
& Certified	Certified copy		
Сору	& Certificate		
	of Status		
ADDITIONAL C	OPY REQUIRED		

FROM: MARYANNE E HENDERSON

Name (Printed or Typed)

1520 FLETCHER STREET

Address

HOLLYWOOD, FLORIDA 33020

City, State & Zip Code

**DAYTIME TELEPHONE** 

CELLPHONE 954-401-2946

Daytime Telephone/Cellphone Number

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

## ARTICLES OF INCORPORATION

04 JUN -9 PM 2:31

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

ARTICLE I NAME

The name of the Corporation shall be:

MCT NUTRITION INC

ARTICLE II PRINCIPAL OFFICE

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

**MCT NUTRITION INC** 

C/O Maryanne E Henderson 1520 Fletcher Street Hollywood, Florida 33020

ARTICLE III SHARES

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

100 shares

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

Maryanne E Henderson 1520 Fletcher Street Hollywood, Florida 33020

ARTICLE V INCORPORATOR

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

Maryanne E Henderson 1520 Fletcher Street Hollywood, Florida 33020

Mayore >. Henderson Signature/Incorporator

Data

(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