# P04000128971

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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## TRANSMITTAL LETTER

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

SUBJECT: POWERNUTRA INC.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an original and one (I) 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  ADDITIONAL CO	& Certificate of Status	
FROM:	J.S. SCHOEMAN  Name (Printed or typed)  3064 MICHIGAN AVE  Address			
-	City, State & Zip  (407) 846 9888  Daytime Telephone number			

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



In compliance with Chapter 607 and/or Chapter 521, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

POWERNUTRA INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3064 Michigan Ave Kissimmee, FL 34744

## ARTICLE III PURPOSE

The purpose of which the corporation is organized is:

Marketing of nutritional supplements

## ARTICLE IV SHARES

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

100 shares of any par value

### ARTICLE V INITIAL OFFICERS AND/OR DORECTORS

List name(s), address (es) and specific title(s)

- J. S. Schoeman 3064 Michigan Avenue, Kissimmee, Fl, 34744 (President)
- P.A. Schoeman 3064 Michigan Avenue, Kissimmee, Fl, 34744 (Vice-President)

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

J. S. Schoeman, 3064 Michigan Ave, Kissimmee, Fl, 34744

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

J. S. Schoeman 3064 Michigan Avenue, Kissimmee, Fl, 34744

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 acepted the appointment as registered agent and agree to act in this capacity.

Signarare/Registered Agent

Signature/Incorporator

/\_\_\_\_/ Dat

Date