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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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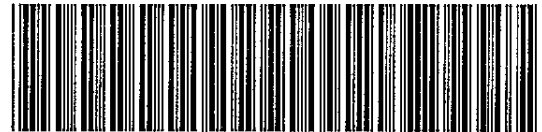
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

Subject: *Supplements Plus, Inc.*
 (Proposed Corporate Name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$122.50.

From: *Supplements Plus, Inc.*
 (Name)

5117 Mandavilla Blvd.
(Address)

Gulf Breeze, FL 32563
(City, State & Zip)

(850)-916-4880
(Telephone Number)

Note: Additional copy of articles is needed when certified copy is requested.

ARTICLES OF INCORPORATION

Supplements Plus, Inc.

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

ARTICLE I - NAME

The name of the corporation shall be:

Supplements Plus, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

*5117 Mandavilla Blvd.
Gulf Breeze, FL 32563*

ARTICLE III - CAPITAL STOCK

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

100 Shares

**ARTICLE IV -
INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

*Todd Parkins
5117 Mandavilla Blvd.
Gulf Breeze, FL 32563*

ARTICLE V - INCORPORATOR

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

*Todd Parkins
5117 Mandavilla Blvd.
Gulf Breeze, FL 32563*

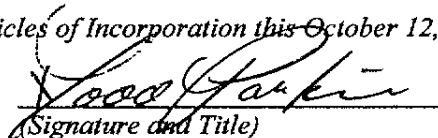
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE VI –
OFFICERS OF THE CORPORATION**

The name and title of the officer(s) of this Corporation is(are):

Todd Parkins, President

The undersigned has (have) executed these Articles of Incorporation this October 12, 2004


(Signature and Title)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 agent/registered office, in the state of Florida.

1.) The name of the Corporation is:

Supplements Plus, Inc.

2.) The name and address of the registered agent and office is:

*Todd Parkins
5117 Mandavilla Blvd.
Gulf Breeze, FL 32563*

Signature: *Todd Parkins*

(Corporate Officer)

Title: _____

Date: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: *Todd Parkins*

Date: _____