

Division of Corporations

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Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : JOEL SANDERS & COMPANY, PA
Account Number : I20040000032
Phone : (954) 916-2000
Fax Number : (954) 916-2021**FLORIDA PROFIT CORPORATION OR P.A.****SOURCED NUTRITION, INC.**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SOURCED NUTRITION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18455 Miramar Parkway, #150
Miramar, FL 33029**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: N/A

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (Optional)

The name(s) and address(es):

DAN ALHADEFF - PRESIDENT
19219 SW 29TH COURT
MIRAMAR, FL 33029**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

DAN ALHADEFF
19219 SW 29TH COURT
MIRAMAR, FL 33029**ARTICLE V INCORPORATOR**

The name and address of the Incorporator is:

DAN ALHADEFF
19219 SW 29TH COURT
MIRAMAR, FL 33029

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

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