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TRANSMITTAL LETTER

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

SUBJECT: TREA	SURE COAST NUTRITION INC.			
	(PROPOSED CORPORA)	ENAME - MUSTEROU	UDDISU(44X)	
Enclosed are an or	iginal and one (1) copy of the artic	les of incorporation and	a check for:	7
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
				_
FROM:	GREGG J ROTHSTEIN			
	Name (Printed or typed)		
	5705 BUCHANAN DR			VISION 05 JUL
	A	ddress		
	FORT PIERCE, FL 34982			I PH
	City, S	State & Zip		PH 4: 23
	772-398-1433			12.5 23
	Daytime Te	lephone number		,

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

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:

TREASURE COAST NUTRITION and Wellness, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5705 BUCHANAN DR FORT PIERCE, FL 34982

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SELL HEALTH RELATED PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GREGG J ROTHSTEIN- PRESIDENT 5705 BUCHANAN DR FORT PIERCE, FL 34982

ARTICLE VI REGISTERED AGENT

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

GREGG J ROTHSTEIN 5705 BUCHANAN DR FORT PIERCE, FL 34982

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GREGG J ROTHSTEIN 5705 BUCHANAN DR FORT PIERCE, FL 34982

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

Signature/Incorporator

0-21-0

Date

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