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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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2001 MAY 16 AM 11: 54 SECRETARY OF STATE

J. Strings HAY 17 7007

COVER LETTER.

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

SUBJECT:	(PROPOSED CORPORAT	E NAME - MUST INCL	Te me		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	1	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED		
FROM:	2225 - 2 Naple City, 239-45	Address State & Zip	TALLAHASSEE, FLORIDA	SECRETARY OF AMIL: 54	
Daytime Telephone number					

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

ARTICLES OF INCORPORATION

ARTICLE I NAME

The name of the corporation shall be:

NATURE'S ULTIMATE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2225 23RD ST SW **NAPLES, FLORIDA 34117**

ARTICLE III PURPOSE

The purpose for which this corporation is organization:

VITAMINS AND HEALTH SUPPLEMENTS

ARTICLE IV SHARES
The number of shares of stock is

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name and addresses and specific title

GLORIA C MORALES 2225 23RD ST SW NAPLES, FL 34117 (PRESIDENT)

HENRY LARA 2225 23RD ST SW NAPLES, FLORIDA 34117(VICE PRESIDENT)

HENRY LARA 2225 23RD ST SW NAPLES, FLORIDA 34117(TREASURER)

GLORIA C MORALES 2225 23RD ST SW NAPLES, FLORIDA 34117(SECRETARY)

ARTICLE VI REGISTERED AGENT

GLORIA C MORALES 2225 23RD ST SW **NAPLES. FL 34117**

ARTICLE VII INCORPORATOR The name and address of the incorporator is:

GLORIA C MORALES 2225 23RD ST SW NAPLES FL 34117

ARTICLE VIII

THE EFFECTIVE DAY OF THIS CORPORATION SHALL BE MAY 31TH, .2007

ARTICLE IX

IT IS KNOWN TO ALL PARTIES, THAT THIS CORPORATION WILL BE A PROFIT CORPORATION, AND ALL THE NECESSARY DOCUMENTATION WILL BE FILED ACCORDING TO THE LAW.

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

)áte

Date

ECRETARY OF STATE LLAHASSEE, FIORIN