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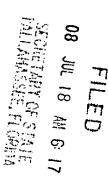
| (1 | Request | or's Name) | | |
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| (Address) | | | | |
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| | Address | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | | WAIT | MAIL | |
| (| Busines | s Entity Nar | me) | |
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| Certified Copies | | Certificates | s of Status | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: 101 | PROPOSED CORPOR | 1NU | |
|----------------------|--|--|--|
| | (PROPOSED CORPÓR. | ATE NAME – <u>MUST INCI</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the art | icles 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 | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: C | ECILIA HENNI Name | : | |
| . <i>(</i> / | 104 SHELBY PONTE VEDRA CI | Address PERCH FL Sy, State & Zip | 32082 |
| , | 904. 993 3 ₀ | A3 Telephone number | |

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

| A DETICAL DE CEL VICADE DE L'HICAV | |
|--|----------------------------|
| ARTICLES OF INCORPORATION | |
| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | AHASSEE AHASSEE |
| ARTICLE I NAME | SEE 00 m |
| The name of the corporation shall be: | |
| | 97 o |
| TOTAL DIETETICS, INC | |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal street address and mailing address, if different is: | |
| 104 SHELBYS COVE COURT | |
| PONTE VEDRA BEACH, FL 32082 | |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | 2016 |
| The purpose for which the corporation is organized is: TO FROMOTE THE DIETETICS PROFESSION BY PROVI ACCURATE EVIDENCED BASED NUTRITION INF SERVICES | TO R MATTON AM |
| ACCURATE EVIDENCED BASED NUIRIION INF | 0) |
| SBAVICES ADDRESS A DESCRIPTION OF THE PERSON | |
| The number of charge of stock is: 1000 Anales | |
| The number of shares of stock is: 1000 shares | |
| | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| List name(s), address(es) and specific title(s): | |
| CECIHA HENNIG PLESIDENT | |
| | |
| | |
| | |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is | ; : |
| CECILIA HENNIG | • |
| CECILIA HENNIG 194 SHELBYS COVE COVET | |
| PONTE VED RABEACH, FL 32082 | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| a and the standard | |
| CECILIA HENNIG 104 SHELBYS COVE COURT PONTE VEDRA BEACH, FL 32082 | |
| PARTIC VODER ACCORD FO 32082 | • |
| ************************************** | ***** |
| Having been named as registered agent to accept service of process for the above stated corporation at th | e place designated in this |
| certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity | v |
| Carlin dh | -120 |
| Signature/Registered/Agent Da | _ / U 0 |
| Signature/Registered/Agent Di | 1 0. |
| V Ulle Danig 7/15 | 108 |
| Signature/Incorporator D | ate |