

P08000086320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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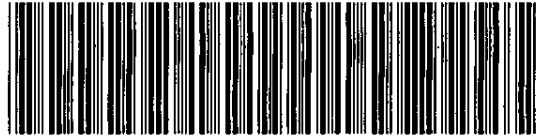
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/19

## COVER LETTER

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

**SUBJECT:** A & D SPORTS NUTRITION CO.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: DAVID COX

Name (Printed or typed)

28210 OLD 41 RD. #309

Address

BONITA SPRINGS, FL 34135

City, State & Zip

239-992-4546

Daytime Telephone 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:

A & D SPORTS NUTRITION CO.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

28210 OLD 41 RD. #309, BONITA SPRINGS, FL 34135

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

RETAIL

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 (ONE THOUSAND)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

DAVID B. COX, 28210 OLD 41 RD. #309, BONITA SPRINGS, FL 34135 DIRECTOR

ALAN KAHN, 19771 MARKWARD CROSSING, ESTERO, FL 33928 DIRECTOR

**ARTICLE VI REGISTERED AGENT**

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

DAVID B. COX  
28210 OLD 41 RD. #309  
BONITA SPRINGS, FL 34135

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DAVID B. COX  
28210 OLD 41 RD. #309  
BONITA SPRINGS, FL 34135

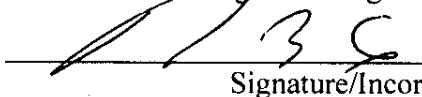
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

9/17/2008

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9/17/2008

\_\_\_\_\_  
Date

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CLERK OF STATE  
TALLAHASSEE, FLORIDA