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To:

Division of Corporations

Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : 120000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

FLORIDA PROFIT/NON PROFIT CORPORATION

Nutrition World Stores Inc.

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# ARTICLES OF INCORPORATION

## **OF**

# **Nutrition World Stores Inc.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I: NAME

The name of the corporation is Nutrition World Stores Inc.

### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 609 S.W. 16th Court, Fort Lauderdale Florida, 33315.

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of one dollar (\$1.00) per share.

## ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Barry S. Mittelberg 1700 N. University DR; Suite 300, Coral Springs, FL 33071.

### ARTICLE V: INITIAL OFFICERS AND DIRECTORS

The name and address of the initial Officers and Directors of the corporation are:

Jeffrey Thomas, President/Secretary/Treasurer., 609 S.W. 16<sup>th</sup> Court, Fort Lauderdale
Florida, 33315.

#### ARTICLE VI: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL. 32301.

The undersigned has executed these Articles of Incorporation this 06th day of October 2008.

"Your Capital Connection, Inc. by, Seth Neeley, Client Representative"

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### CERTIFICATE OF DESIGNATION

### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the	corporation is:_	Mutrition	MOSICA	Stores	عييد.
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			<del></del>	•—— <u>———</u>	<del></del>
2. The name and st	reet address of th	e registered agent a	nd office is:	<del></del>	<del></del>
Barry 5	distin	00 1700	WWW CL	Exacty De	# 300
•	•	<b>~</b>			
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HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

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