

### Florida Department of State

Division of Corporations Public Access System

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To;

Division of Corporations

Fax Number : (850)617-6381

Account Name

: YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone

: (850)224-8870

Fax Number

: (850)222-1222

### FLORIDA PROFIT/NON PROFIT CORPORATION

Xavier's Nutritional Club, Inc.

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# ARTICLES OF INCORPORATION **OF**

## Xavier's Nutritional Club, 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 Xavier's Nutritional Club, Inc.

### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 201 NE 9th Place, Cape Coral, Florida 33909.

### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Juan Alberto Matos, 201 NE 9th Place, Cape Coral, Florida 33909-2675.

### ARTICLE V: OFFICERS & DIRECTORS

The name and address of the initial Officer and Director of the corporation is: Juan Alberto Matos, President, Vice President, Secretary, Treasure, 201 NE 9th Place, Cape Coral, Florida 33909-2675.

### 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 22<sup>nd</sup> day of July 2009.

"Your Capital Connection, Inc. by, Christina L. Fields, Client Representative"

#### 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: <u>Xavier's Nutritional Club. Inc.</u>						
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2. The name and	street address of the	registered ag	ent and office is:			
Juan Albe	rto Matos					
201 NE 9t	h Place, Cape	Coral, Flo	orida 33909-	2675		

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 HERBBY 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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