# P09000084024

| (Re                     | equestor's Name)   | <u> </u>   |
|-------------------------|--------------------|------------|
| (Ac                     | ldress)            | <u>.</u> . |
| (Ad                     | ldress)            |            |
| (Cit                    | ty/State/Zip/Phone | e #)       |
| PICK-UP                 | ☐ WAIT             | MAIL       |
| (Bu                     | siness Entity Nan  | ne) .      |
| (Do                     | cument Number)     | . : :      |
| Certified Copies        | _ Certificates     | of Status  |
| Special Instructions to | Filing Officer:    |            |
|                         |                    |            |
|                         |                    |            |
|                         |                    |            |
| NO CO                   | 162 CA             |            |

Office Use Only



700161446477 10/09/03--01020--001. \*\*70.00

FILED

2009 OCT -9 PM 4: 29

SECRETARY OF STATE

T. Busen OCT 12 2009

### **COVER LETTER**

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

| SUBJECT:             | Nutrition Food Consultant Inc.                          |  |  |  |  |
|----------------------|---|--|--|--|--|
|                      | (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> ) |  |  |  |  |
| Enclosed are an orig | ginal and one (1) copy of the art                       | icles of incorporation and                           | l a check for:                         |  |  |
| \$70.00 Filing Fee   | \$78.75 Filing Fee & Certificate of Status              | ☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | & Certificate o<br>Status              |  |  |
|                      | A   | M Slavebton  |  |  |  |
| FROM:                | Amy M Slaughter Name (Printed or typed)                 |  |  |  |  |
|                      |   | SW 87th Ave  |  |  |  |
|                      |   | Address  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |  |  |
|                      | Cutler I  | Bay,FL 33157   |  |  |  |
|                      | City,   | State & Zip  |  |  |  |
|                      |   | -462-8695  |  |  |  |
|                      | Daytime T   | elephone number                                      |  |  |  |
|                      | amymslaugh  | nter@comcast.net                                     |  |  |  |
|                      | E-mail address: (to be use                              | d for future annual report                           | notification)                          |  |  |

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: Nutrition Food Consultant Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 2950 W 84th St. Bay # 4 Hialeah, FL 33018

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Food Nutrition Analysis

#### ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

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

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

Amy M Slaughter 18430 SW 87th Ave Cutler Bay, FL 33157 President

#### ARTICLE VI REGISTERED AGENT

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

Amy M Slaughter 18430 SW 87th Ave Cutler Bay, FL 33018

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Amy M Slaughter 18430 SW 87th Ave Cutler Bay, FL 33018

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

gnature/heorporator

10/6/09

Date

10/6/09

Date

2009 OCT -9 PM 4: 2