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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 03/31/11

COVER LETTER

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

SUBJECT: PurNutra, Inc.
(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: Robert A Jones
Name (Printed or typed)
1205 Sarah St Suite 171
Address
Longwood, FL 32750
City, State & Zip
321-594-2714
Daytime Telephone number
rjones@purnutra.com
E-mail address: (to be used 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: PurNutra, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1205 Sarah St Suite 171
Longwood, FL 32750

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all legal business it may see fit to perform

ARTICLE IV SHARES

The number of shares of stock is: Ten Million Shares Common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Robert Jones President</u>	Name and Title: _____
Address: <u>1759 Redwood Grove Terrace</u>	Address: _____
<u>Lake Mary, FL 32750</u>	_____

Name and Title: <u>James Jones V.P.</u>	Name and Title: _____
Address: <u>2905 Johnson St</u>	Address: _____
<u>Wall, NJ 07719</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Robert A. Jones
Address: 1759 Redwood Grove Terrace
Lake Mary, FL 32746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert A. Jones
Address: 1759 Redwood Grove Terrace
Lake Mary, FL 32746

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

<u>Robert A. Jones</u>	<u>3-22-11</u>
Required Signature/Registered Agent	Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

<u>Robert A. Jones</u>	<u>3-22-11</u>
Required Signature/Incorporator	Date

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