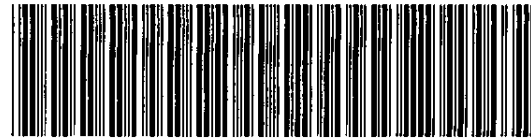


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04/05/11--01018--023 **87.50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

PAUL SMYTHE GAVE

AUTHORIZATION BY PHONE TO

CORRECT The Name on Application

DATE 4-6-11 AT 12:05 RA, INCAPACITATED

DOC. EXAM. SCOLLINS Address

Office Use Only

FILED
2011 APR -5 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gc
4-10-11

COVER LETTER

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

SUBJECT: **NUTREND SALES 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: **PAUL SMYTHE**

Name (Printed or typed)

2134 SW ALGIERS ST

Address

PORT SAINT LUCIE, FLORIDA 34953

City, State & Zip

954 854 6481

Daytime Telephone number

admin @bettercred.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR -5 PM 12:30

FILED

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: Nutrend Sales INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2134 SW ALGIERS ST
port saint lucie fl 34953

Mailing address, if different is:
P. O BOX 13179
FORT PIERCE FL 34979

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
BUSINESS-SALES

ARTICLE IV SHARES

The number of shares of stock is: 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>PAUL SMYTHE- PRESIDENT</u>	Name and Title: _____
Address: <u>2134 SW ALGIERS ST</u>	Address: _____
<u>PORT SAINT LUCIE FL 34953</u>	_____

Name and Title: <u>ANDREW BURTON- VICE PRESIDENT</u>	Name and Title: _____
Address: <u>5234 NW MEG CT</u>	Address: _____
<u>PORT SAINT LUCIE FL 34986</u>	_____

Name and Title: <u>ANDREW BURTON JR.-TREASURER/SECRETARY</u>	Name and Title: _____
Address: <u>5234 NW MRG CT</u>	Address: _____
<u>PORT SAINT LUCIE FL 34986</u>	_____

ARTICLE VI REGISTERED AGENT

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

Name: Paul Smythe
Address: 2134 SW Algiers Street
PORT SAINT, LUCIE 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andrew Burton
Address: 5234 NW MRG CT
PORT SAINT, FL 34986

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.

Paul A. Smythe
Required Signature/Registered Agent

3/29/2011
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.

Andrew Burton
Required Signature/Incorporator

3/29/2011
Date

FILED
2011 APR -5 PM 3:30
TALLAHASSEE, FL
SECRETARY OF STATE