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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
CUTTING EDGE SUPPLEMENTS, INC.

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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**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: **CUTTING EDGE SUPPLEMENTS, INC.****ARTICLE II PRINCIPAL OFFICE**Principal street address  
8115 NW 53RD ST.  
#115  
DORAL FL 33166

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is:  
**ANY AND ALL LAWFUL BUSINESS****ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **PRESIDENT-**Address: **ALEXANDRA COLMENARES**  
8115 NW 53RD ST. #115  
DORAL, FL 33166

Name and Title:

Address:

Name and Title: **VICE PRESIDENT**Address: **EDWIN MORRIS**  
8115 NW 53RD ST. #115  
DORAL, FL 33166

Name and Title:

Address:

Name and Title: **SECRETARY/TREASURE**Address: **ROSSIE LOPEZ**  
20000 NW 78TH AVE  
MIAMI, FL 33015

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: **ALEXANDRA COLMENARES**  
Address: **8115 NW 53RD ST. #115**  
DORAL, FL 33015**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **ALEXANDRA COLMENARES**  
Address: **8115 NW 53RD ST. #115**  
DORAL, FL 33015*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**Alexandra Colmenares*

Required Signature/Registered Agent

7/29/2011

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.**Alexandra Colmenares*

Required Signature/Incorporator

7/29/2011

Date

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