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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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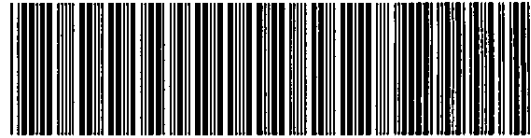
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATE  
2011 AUG -5 PM 12:26

8/8/11

## COVER LETTER

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

SUBJECT: **BEEFIT NUTRITION 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: **Peter Hernandez**

Name (Printed or typed)

**3129 Tobago Avenue**

Address

**Clermont, FL 34711**

City, State & Zip

**407-505-9469**

Daytime Telephone number

**beefitnutrition@gmail.com**

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

**NOTE: Please provide the original and one copy of the articles.**

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# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

BEEFIT NUTRITION INC.

The name of the corporation shall be:

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
3129 Tobago Avenue  
Clermont, FL 34711

Mailing address, if different is:

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## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate a brick and mortar nutritional health supplement sales outlet, in combination with an e-business (traditional consumer business) outlet.

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Hernandez, President  
Address: 3129 Tobago Avenue  
Clermont, FL 34711

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: David Coker, Vice President  
Address: 475 Dewars Court  
Winter Springs, FL 32708

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Eduardo Vega, Secretary  
Address: 2191 Lake Debra Drive  
Unit 314  
Orlando, FL 32835

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: Peter Hernandez  
Address: 3129 Tobago Avenue  
Clermont, FL 34711

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Isabel Vergara  
Address: 2243 Granger Avenue  
Kissimmee, FL 34746

*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*

Required Signature/Registered Agent

08/01/2011

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.*

Required Signature/Incorporator

08/01/2011

Date