

P1200002593

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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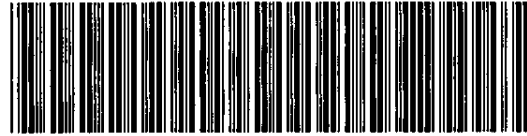
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 10 2012

COVER LETTER

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

SUBJECT: **NutriEden**

(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: **NutriEden Corporation**

Name (Printed or typed)

126 S. Parker Ave. Unit A

Address

Arcadia, FL 34266

City, State & Zip

941-456-3203

Daytime Telephone number

clifford.pierce@earthlink.net

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

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TALLAHASSEE, FLORIDA

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

NutriEden Corporation
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
NutriEden Corporation
126 S. Parker Ave. Unit A
Arcadia Fl. 34266

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
develope and market dietary supplements and consumer products

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clifford Pierce
Address: 2306 N.W. Murphy St.
Arcadia, Fl 34266
Vice-President

Name and Title: Kathryn Standard
Address: 2306 N.W. Murphy St.
Arcadia, Fl 34266
Secretary-Treasurer

Name and Title: Glen Williamson
Address: 1506 Glenan Rd
Arcadia Fl. 34288
President

Name and Title: _____
Address: _____

Name and Title: Stephannie Williams
Address: 1506 Glenan Rd
Arcadia Fl. 34288
Vice-President

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: Clifford Pierce
Address: 2306 N.W. Murphy St.
Arcadia, Fl 34266

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Clifford Pierce
Address: 2306 N.W. Murphy St.
Arcadia, Fl 34266

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

Jan. 6, 2012
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

Jan. 6 2012
Date

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