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FLORIDA PROFIT/NON PROFIT CORPORATION

Core Sports Nutrition Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

MRS 7/20/12

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Core Sports Nutrition Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

761 Coates Avenue, Suite 11 Holbrook, NY 11741

ARTICLE M SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Adam Schelberg 8601 Lyons Road, Suite C-8 Coconut Creek, FL 33073

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-518-835-3940



H12000185935

ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Adam Schelberg - President/Director 761 Coates Avenue, Suite 11, Holbrook, NY 11741

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Adam Scheiberg 761 Coates Avenue, Suite 11, Holbrook, NY 11741 FILED MINISTER

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17th day of <u>July</u> 20 12

Adam Schelberg Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Care Sports Nutrition Inc.	
2. The name and address of the regis	tered agent and office is:	RECEIPT OF THE
	Adam Schelberg Name	SAZ E
	6601 Lyons Road, Suite C-8 (F.O. Box or Mail Drop Box NOT Acceptable)	Control E
	Coconut Creek, FL 33073 (City / State / Zip)	,

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Adam Scheiberg SIGNATURE _07/1<u>7/2012</u> (Date)