

P12000075580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

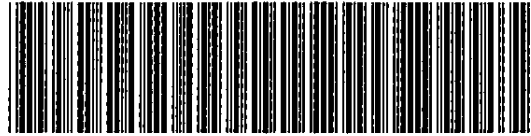
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800239144788

09/04/12--01034--006 **87.50

FILED

12 SEP -4 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: Nutraceutical Evolution Corp.
(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: Fustavo Barni
Name (Printed or typed)
1450 SW 17th St. B
Address
Boca Raton, FL 33486
City, State & Zip
954-461-8789
Daytime Telephone number
GusbarniQGmail.com
E-mail address: (to be used for future annual report notification)

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: Nutraceutical Evolution Corp.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address
1450 SW 17th street
Boca Raton, FL 33486

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

12 SEP -4 PM 12:58

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To sell nutritional supplements

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gustavo Barni / President
Address: 1450 SW 17th
Boca Raton, FL 33486

Name and Title: _____
Address: _____

Name and Title: Carrie Fedolzi / Vice President
Address: 1665 SW 29 ave
Fort Lauderdale, FL 33312

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Gustavo Barni
Address: 1450 SW 17th st.
Boca Raton, FL 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gustavo Barni
Address: 1450 SW 17th st.
Boca Raton, FL 33486

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

Gustavo Barni
Required Signature/Registered Agent

8/29/12
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.

Gustavo Barni
Required Signature/Incorporator

8/29/12
Date