

PI3000003866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

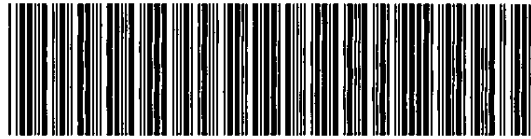
(Document Number)

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

Special Instructions to Filing Officer:

*Gina gave authorization  
to add 100 shares 1/1/13  
dec*

Office Use Only



200238745792

08/23/12--01011--003 \*\*78.75

FILED  
13 JAN 11 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*delete PI3-3040  
PS 1/1/13*

**COVER LETTER**

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

**Nutrition for Health, Inc.**

**SUBJECT:** \_\_\_\_\_  
(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**

**Nutrition for Health, Inc.**

**FROM:** \_\_\_\_\_  
Name (Printed or typed)

**8409 Caladesi Island Drive**

Address

**Tampa, Florida 33637**

City, State & Zip

**813-244-6772 or 727-726-9338**

Daytime Telephone number

**republic1776@gmail.com or tina@nutritionforhealth.com**

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

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

FILED

13 JAN 11 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



RECEIVED

2013 JAN -8 AM 10:14

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
TALLAHASSEE, FLORIDA

August 24, 2012

TINA REZAPOUR  
8409 CALDESI ISLAND DR  
TAMPA, FL 33637

SUBJECT: NUTRITION FOR HEALTH, INC.  
Ref. Number: W12000044081

We have received your document for NUTRITION FOR HEALTH, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith  
Regulatory Specialist II

Letter Number: 312A00021765

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: Nutrition for Health, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8409 Caladesi Island Dr  
Tampa, Florida 33637

Mailing address, if different is:

P O Box 67  
Creston, NC 28615

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Vitamin Supplements

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kamran Rezapour, Owner, President

Address: P O Box 67  
Creston, NC 28615

Name and Title: Tina Rezapour, VP

Address: P O Box 16551  
Tampa, Florida 33617

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

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

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

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

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

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

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

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

(cont.)

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Kamran Rezapour  
Address: 8409 Caladesi Island Drive  
Tampa, Florida 33637

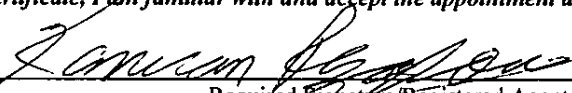
FILED  
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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tina Rezapour  
Address: 8409 Caladesi Island Drive  
Tampa, Florida 33637

*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

8/15/12  
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.,*

  
Required Signature/Incorporator

8/15/12  
Date