

From:

Division of Corporations

09/06/2013 12:59

#418 P.001780

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000198629 3)))



H130001986293ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 SEP -6 AM 11:05

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
TOP BALANCE NUTRITION INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED
13 SEP -6 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

VAH

From:

09/06/2013 12:59 FILED #418 P.002/003
SECRETARY OF STATE
DIVISION OF CORPORATION:

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

2013 SEP -6 AM 11:05

ARTICLE I NAME

The name of the corporation shall be: **TOP BALANCE NUTRITION INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2640 LAKESHORE DR., Suite 909

Riviera Beach, FL 33404

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For any and all purposes for which a corporation may be formed.

ARTICLE IV SHARES **200**

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **MARIA BELLA (DIRECTOR)**

Name and Title: _____

Address **2640 LAKESHORE DR., Suite 909**

Address: _____

Riviera Beach, FL 33404

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

From:

09/06/2013 13:00 #418 P.003/003

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
(cont.)
2013 SEP -6 AM 11:05

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:

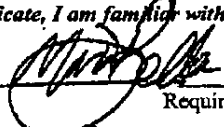
Name: MARIA BELLA
Address: 2640 LAKESHORE DR., Suite 909
Riviera Beach, FL 33404

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA BELLA
Address: 2640 LAKESHORE DR., Suite 909
Riviera Beach, FL 33404

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

09/05/2013

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

09/05/2013

Date