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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

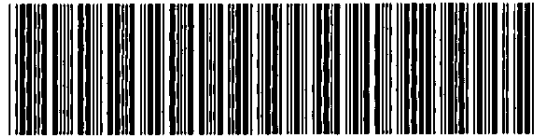
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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2014 FEB -4 PM 4:34



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 990610 8900A

AUTHORIZATION

COST LIMIT \$ 70.00

ORDER DATE : February 4, 2014

ORDER TIME : 12:14 PM

ORDER NO. : 990610-005

CUSTOMER NO: 8900A

DOMESTIC FILING

NAME: ALLSTAR HEALTH BRANDS USA INC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes - EXT. 52920

EXAMINER'S INITIALS: \_\_\_\_\_

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

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**ARTICLE I NAME**  
The name of the corporation shall be: Allstar Health Brands USA Inc

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

16850 Collins Avenue

#112, Suite 707

Sunny Isles Beach, FL 33160

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Distribution of Vitamins & Supplements

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: Peter Daniel Bagi - President

Name and Title: Peter Daniel Bagi - Vice President

Address 16850 Collins Avenue

Address: 16850 Collins Avenue

#112, Suite 707

#112, Suite 707

Sunny Isles Beach, FL 33160

Sunny Isles Beach, FL 33160

Name and Title: Peter Daniel Bagi - Secretary

Name and Title:

Address 16850 Collins Avenue

Address:

#112, Suite 707

Sunny Isles Beach, FL 33160

Name and Title:

Name and Title:

Address

Address:

(cont)

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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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Peter Daniel Bagi  
Address: 16850 Collins Avenue #112, Suite 707  
Sunny Isles Beach, FL 33160

*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:*

Corporation Service Company

*Stephanie Milnes, Esq. v.p.*

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Required Signature/Registered Agent

*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.*

*P.D. Bagi* *Feb 4, 2014*  
Required Signature/Incorporator Date