

From:

Division of Corporations

04/28/2014 11:13:34

#982 P. 04/28/2014

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

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
NUTROPIA INC

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 APR 28 PM 1:13

SECRETARY OF STATE
DIVISION OF CORPORATIONS

From:

04/28/2014 11:09 #982 P.002/003
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 APR 28 PM 1:13

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: Nutropia Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3111 45 ST.15 A

West Palm Beach, FL 33407

Mailing address, if different is:

3111 45 ST.15 A

West Palm Beach, FL 33407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Rappaport/President Name and Title: Ranee LaFaratta/Vice President

Address: 3111 45 ST.15 A Address: 3111 45 ST.15 A
West Palm Beach, FL 33407 West Palm Beach, FL 33407

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

From:

04/28/2014 11:10

#982 P.003/003

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 APR 28 PM 4:13

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: Ranee LaFaratta
Address: 3111 45 ST.15 A
West Palm Beach, FL 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Rappaport
Address: 3111 45 ST.15 A
West Palm Beach, FL 33407

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

(X) [Signature]
Required Signature/Registered Agent

4/28/14
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.

(X) [Signature]
Required Signature/Incorporator

4/28/14
Date