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(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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AUG 25 2015

T SCHROEDER

Date: 08/24/2015

Account #: I20000000088

Name: Michelle Walker

Reference #: D275712

ENTITY NAME: ALL TIMES NUTRITION, INC.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Annual Report
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other: CERTIFIED COPY

Authorized Amount: \$78.75

Signature: Michelle Walker

COVER LETTER

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

SUBJECT: All Times Nutrition, Inc.
(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Dana H. Shultz, Attorney at Law
Name (Printed or typed)

160 Bell Avenue
Address

Piedmont, CA 94611
City, State & Zip

510-547-0545
Daytime Telephone number

dana@danashultz.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: All Times Nutrition, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Guararapes street 760

Brooklin São Paulo-SP, Brazil 04561-000

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcelo Ferro - Director, President Name and Title: _____

Address: Guararapes street 760 Address: _____

Brooklin São Paulo-SP, Brazil 04561-000 _____

Name and Title: Paula Marçal Ferro - Secretary, CFO Name and Title: _____

Address: Guararapes street 760 Address: _____

Brooklin São Paulo-SP, Brazil 04561-000 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: National Corporate Research, Ltd., Inc.
 Address: 115 North Calhoun Street, Suite 4
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Dana H, Shultz, Attorney at Law
 Address: 160 Bell Avenue
Piedmont, CA 94611

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

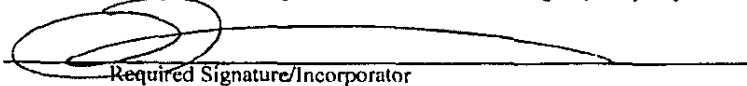
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Colleen McMahon
 Required Signature/Registered Agent

8/24/15
 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

August 24, 2015
 Date