

**P16000037828**

Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : SPIEGEL & UTRERA, P.A.  
Account Number : FCA000000001  
Phone : (305)854-6000  
Fax Number : (305)860-2076

**\*\*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  
NUTRASOLANA HEALTH INC.**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

RECEIVED

16 APR 28 PM 4:05

CLERK OF COURT  
TALLAHASSEE, FLORIDA

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16 APR 28 AM 8:01  
TALLAHASSEE, FLORIDA

H16000106124 3

**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: Nutrasolana Health Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

Unit 1317 1811 NW 51st St.Fort Lauderdale, Florida 33309**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: marketing of dietary supplements.**ARTICLE IV SHARES**The number of shares of stock is: 100 common shares**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Stephen D. Alsip President

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

Address: Unit 1317 1811 NW 51st St.

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

Fort Lauderdale, Florida 33309

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

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

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

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

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

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

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

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H16000106124 3

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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: Trish Richardson  
Address: 1915 Trade Center Way  
Naples, FL 34109

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Stephen D. Alsip  
Address: Unit 1317 1811 NW 51st St.  
Fort Lauderdale, FL 33309

**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 as 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

April 28th, 2016

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

April 28th 2016

Date

H16000106124 3