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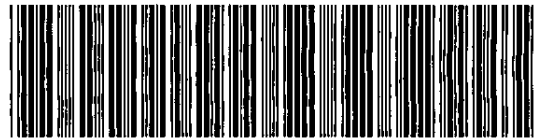
(Business Entity Name)

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SECURITY OF STATE  
TALLAHASSEE FLORIDA

na 10/4/16

## TRANSMITTAL LETTER

Florida Department of State  
Division of Corporations  
P O BOX 6327  
Tallahassee, FL 32314

SUBJECT: COMPLETE NUTRITIONAL SOLUTIONS, INC.

Dear Sir or Madam:

Please find enclosed for filing one original and one copy of the NEW Articles of Incorporation.

Also enclosed is a check in the amount \$ 122.50 payable to: Florida Department of State for the TRANSFER FEE, filing fee, certified copy and certificate of status.

Please return to:     COMPLETE NUTRITIONAL SOLUTIONS, INC.  
                          C/O JANICE JENKINS Registered Agent & Incorporator  
                          10900 MOON CREST LN  
                          LEESBURG, FL 34788

NOTE: The original and one copy of the NEW articles are enclosed.

Affidavit to Release Corporation name for New Articles of Incorporation  
STATE OF FLORIDA

COUNTY OF LAKE

1. Introduction. Janice Jenkins, being duly sworn, deposes and says:
2. Description of Deponent. I am the President/Director/Incorporator of Complete Nutritional Solutions, Inc. a corporation organized and existing under the laws of Florida and qualified to do business under the laws of Florida, with its principal offices at: 10900 Moon Crest Lane Leesburg, FL 34788. I make this affidavit solely as an agent of the above referenced corporation and in no other capacity.
3. Revoking Privilege and Release of Name. I do now hereby revoke any former use of corporate name and do now transfer the corporate name: Complete Nutritional Solutions Inc. to be filed and used with the new articles of incorporation now dated September 27, 2016 having full right, power, and authority to transfer such name.
4. Inducement. This affidavit is made for the specific purpose of transferring the corporate name as stated from any/all previous articles of incorporation dated prior to the new articles now dated September 27, 2016

Janice Jenkins  
Signature - Janice Jenkins

Be it known that on the 27th day of September 2016 before me appeared Janice Jenkins, who is personally known to me.

Judith Carol Ramsland  
Notary - State of Florida



JUDITH CAROL RAMSLAND  
MY COMMISSION # FF 067382  
EXPIRES: February 17, 2018  
Bonded Thru Budget Notary Services

# 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: COMPLETE NUTRITIONAL SOLUTIONS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business of this corporation is: 10900 MOON CREST LN LEESBURG, FL 34788

The mailing address for all legal correspondence is: 10900 MOON CREST LN LEESBURG, FL 34788

## ARTICLE III PURPOSE

This corporation was established as a professional profit corporation.

## ARTICLE IV SHARES

The aggregate number of shares which the Corporation has authority to issue 1,000 shares of common stock with no par value.

## ARTICLE V OFFICERS/DIRECTORS

JANICE JENKINS  
PRESIDENT  
10900 MOON CREST LN  
LEESBURG, FL 34788

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the initial registered agent and office of the Corporation is:  
JANICE JENKINS located at 10900 MOON CREST LN LEESBURG, FL 34788

ARTICLE VII INCORPORATOR The name and address of the incorporator to these Articles of Incorporation is:

JANICE JENKINS located at 10900 MOON CREST LN LEESBURG, FL 34788

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Having been named as registered agent to accept service 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.

Janice Jenkins  
(SIGNATURE) JANICE JENKINS- Registered Agent

9-27-16  
Date

Janice Jenkins  
(SIGNATURE) JANICE JENKINS- Incorporator

9-27-16  
Date

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