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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 27 2017

K. Brumbley

COVER LETTER

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

SUBJECT: Immunotrition, 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	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: William Amick
Name (Printed or typed)

16900 N Bay Rd, 2403 Bldg 3
Address

Sunny Isles Bch. FL 33160
City, State & Zip

3054679657
Daytime Telephone number

wtamick2005@yahoo.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: Immunotrition, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

16900 N Bay Rd
2403 Bldg 3
Sunny Isles Bch, FL 33160

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Offer vitamins and nutriceuticals to clinical specialty practices

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Amicle (CEO)
Address: 16900 N Bay Rd, 2403, Building 3, Sunny Isles Bch, FL 33160

Name and Title: Alfred Robles (VP)
Address: 16900 N Bay Rd, 2403 Bldg 3, Sunny Isles Bch, FL 33160

Name and Title: Akbar Sharfi (CFO)
Address: 16900 N Bay Rd, 2403, Bldg 3, Sunny Isles Bch, FL 33160

Name and Title: Nicolas Kurizky (CMO)
Address: 16900 N Bay Rd, 2403 Bldg 3, Sunny Isles Bch, FL 33160

Name and Title:
Address:

Name and Title:
Address:

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: William Amick

Address: 16900 N Bay Rd, 2403 Bldg 3

Sunny Isles Bch, FL 33160

ARTICLE VII INCORPORATOR

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

Name: William Amick

Address: 16900 N Bay Rd, 2403 Bldg 3

Sunny Isles Bch, FL 33160

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/16/2017. (OPTIONAL)

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

Required Signature/Registered Agent — Date: 4/16/17

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 — Date: 4/16/17