

P17000037697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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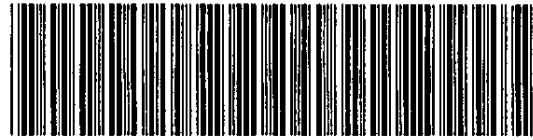
(Business Entity Name)

(Document Number)

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17 APR 26 AM 8:45
SECRETARY OF STATE
ALLAHASSEE, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: William Amick
Name (Printed or typed)
16720 IV Bay Rd, 2403 Bldg 3
Address
Sunny Isles Bch. FL 33160
City, State & Zip
305 467 9657
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.

Amick
paid

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

Mailing address, if different is:

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

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Offer vitamins and nutraceuticals
to clinical specialty practices

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ALLAHAMSE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>William Amick (CEO)</u>	Name and Title: <u>Alfred Robles (VP)</u>
Address: <u>16900 N Bay Rd</u>	Address: <u>16900 N Bay Rd</u>
<u>2403, Building 3</u>	<u>2403 Bldg 3</u>
<u>Sunny Isles Bch, FL 33160</u>	<u>Sunny Isles Bch, FL 33160</u>
Name and Title: <u>Akbar Sharfi (CFO)</u>	Name and Title: <u>Nicolas Kuritzky (CMO)</u>
Address: <u>16900 N Bay Rd</u>	Address: <u>16900 N Bay Rd</u>
<u>2403, Bldg 3</u>	<u>2403 Bldg 3</u>
<u>Sunny Isles Bch, FL 33160</u>	<u>Sunny Isles Bch, FL 33160</u>

Name and Title: _____	Name and Title: _____
Address: _____	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 hereby with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

4/16/17
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. 317.155, F.S.

Required Signature/Incorporator

4/16/17
Date