

PM 000 089 306

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000292719 3)))



H170002927193ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
NUTRISOL INTERNATIONAL INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFF

NOV 07 2017

17 NOV -6 PM 4:46

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

17 NOV -6 PM 7:54

H17000292719

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: NUTRISOL INTERNATIONAL INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
350 SOUTH MIAMI AVE STE 1813
MIAMI, FL 33130Mailing address, if different is:
5931 NW 173 DR STE 9
MIAMI, FL 33015**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>MARIA D MARIANESCHI (MGR)</u>	Name and Title:	<u>CLAUDIO A SCHENA (President)</u>
Address:	<u>350 SOUTH MIAMI AVE STE 1813</u> <u>MIAMI, FL 33130</u>	Address:	<u>5931 NW 173 DR STE 9</u> <u>MIAMI, FL 33015</u>

Name and Title:	<u>GUSTAVO A GARCIA (VP)</u>	Name and Title:	<u>ALEJANDRO R GANZABAL (VP)</u>
Address:	<u>5931 NW 173 DR STE 9</u> <u>MIAMI, FL 33015</u>	Address:	<u>5931 NW 173 DR STE 9</u> <u>MIAMI, FL 33015</u>

Name and Title:	<u>CARLOS E ARCUSIN (VP)</u>	Name and Title:	<u>MIGUEL J DE MAYO (Secretary)</u>
Address:	<u>5931 NW 173 DR STE 9</u> <u>MIAMI, FL 33015</u>	Address:	<u>5931 NW 173 DR STE 9</u> <u>MIAMI, FL 33015</u>

H17000292719

H17000292719

Name and Title: LEONARDO O LANZILOTTA (VP)

Address: 5931 NW 173 DR STE 9

MIAMI, FL 33015

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LUIS F ROSALES

Address: 5931 NW 173 DR STE 9

MIAMI, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS F ROSALES

Address: 5931 NW 173 DR STE 9

MIAMI, FL 33015

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 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

11/03/2017

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

11/03/2017

Date

H17000292719