P210000 63010

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

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SECTION OF STATE



CORPORATE

When you need ACCESS to the world

AGCESS, _ INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY		
XX	РНОТОСОРУ		
	CUS		
xx	FILING	INC	
	NUTRA THERMO LA		
_	(CORPORATE NAME AND DOC	UMENT #)	
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_	(CORPORATE NAME AND DOC	UMENT#)	

COVER LETTER

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

SUBJECT:	The Then MC (PROPOSED CORPORAT	, 1A65, I	INC
	(PROPOSED CORPORAT	E NAME – <u>MUST INCLU</u>	<u>IDE SUFFIX</u>)
Enclosed are an ori	ginal and one (1) copy of the artic	les of incorporation and	a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	MARIO ROM-	€ へ ∪ (Printed or typed)	
	790 E BULGER BI	VD #621	
_	Full Lurdudill, FL City, S	3330) tate & Zip	
	980-379-(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Daytime re	ephone number	

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

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

TO E. BO	INCIPAL OFFICE Principal street address OWARD DIUP # 621	Mailing address	s, if different is:
ICLE III PU purpose for whi	RPOSE ich the corporation is organized is:	AWFUI BUS:/	vss
		S Name and Title:	SECKEDANT OF STATE TALLANDOSSES, FL
Address	790 E. Broward DIVA FORT LOUDPADDE FI 3330	#621 Address:	
Name and Ti Address	tle:	Address:	
Name and Ti	ile:		

Name an	Title: Name and Title	t;
Address	Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the registered ag	ent is:
Name:	KYAN ADANG	
Address:	790 E. Broward Blue #621	
	FORT KNUDENTALE FI 23301	
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	RYAN ADAMS	
Address:	790 E. Droward BIVD. #	621
	FUNT laudendair F1 33301	
	EFFECTIVE DATE:	
Effective date, if (If an effective d filing.)	other than the date of filing: (O ate is listed, the date must be specific and cannot be more than f	PTIONAL) īve days prior or 90 days after t
- ·	inserted in this block does not meet the applicable statutory filing re	equirements, this date will not be
	fective date on the Department of State's records.	
Having been nam	ed as registered agent to accept service of process for the above stated miliar, with and accept the appointment as registered agent and agre	f corporation at the place designate te to act in this capacity
K.	Al	7-7-2
	Required Signature/Registered Agent	Date
I submit this doci	ment and affirm that the facts stated herein are true. I am aware	that the false information submi
document to the L	epartment of State constitutes a third degree felony as provided for i	n s.81/.133, F.S.
17		