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To:

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

From:

Account Name : TAX 4 TRUCKS INC
Account Number : I20190000100
Phone : (305)764-3080
Fax Number : (305)675-6155

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JORGE@TAX4TRUCKS.COM

FLORIDA PROFIT/NON PROFIT CORPORATION NUTRIGROUP CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2022 F 5 11:47

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: NUTRIGROUP CORPARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

7635 NW 168TH TERMIAMI LAKES, FL 33015ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: HERNAN RICO PName and Title: COAddress: CALLE 15 A #79-360 APT 217Address: COMEDELLIN, COLOMBIACO

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is

Name: FRANCISCO CUELLAR
Address: 7635 NW 168TH TER
MIAMI LAKES, FL 33015

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: FRANCISCO CUELLAR
Address: 7635 NW 168TH TER
MIAMI LAKES, 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 ~~am~~ willing and accept the appointment as registered agent and agree to act in this capacity.

Required Signature Registered Agent
Date: 12/2/2022

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.817.133, F.S.

Required Signature Incorporator
Date: 12/2/2022