

P23000076287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

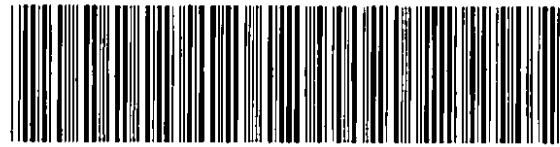
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



500416343825

2023 OCT 26 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 OCT 26 PM 2:42

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO : Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM : Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE : 10/26/2023

PRIORITY : Regular Approval

OUR REF # (Order ID#) : 1189748

ORDER ENTITY :
NUTRONICS LABS CORP

PLEASE PERFORM THE FOLLOWING SERVICES:
NUTRONICS LABS CORP (FL)

New corp filing

NOTES:
\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

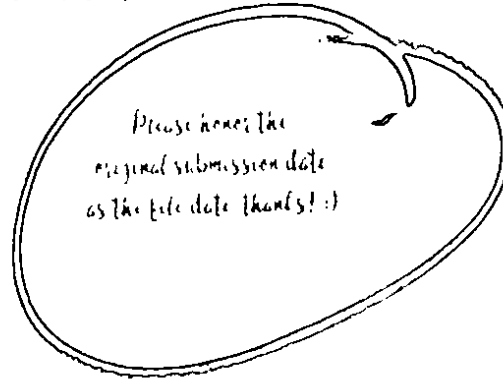


FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2023

INCSERV

SUBJECT: NUTRONICS LABS CORP
Ref. Number: W23000147282



We have received your document for NUTRONICS LABS CORP. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is F15000001102.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Please honor the
Letter Number: 323A0002504
original submission date
as the file date. Thanks! :)

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2023 OCT 31 PM 2:47

RECEIVED

2023 OCT 28 PM 1:25

COVER LETTER

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

SUBJECT: NUTRONICS Integrated Labs Corp
(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: Joel Marcus
Name (Printed or typed)

676 W Prospect Road
Address

Fort Lauderdale, FL 33309
City, State & Zip

954-566-8513
Daytime Telephone number

Jmaruscpa@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: NUTRONICS Integrated Labs Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

676 W Prospect Road

Fort Lauderdale, FL 33309

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INTERNET SALES OF SUPPLEMENTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ayerbe, Maria- PRESIDENT

Name and Title: _____

Address: 676 W Prospect Road

Address: _____

Fort Lauderdale, FL 33309

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2026 Dec 2, PM 1:25

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: Joel Marcus
Address: 676 W Prospect Road
Fort Lauderdale, FL 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ayerbe, Maria
Address: 676 W Prospect Road
Fort Lauderdale, FL 33309

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

Joel Marcus
Required Signature/Registered Agent

10/26/23
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.

Maria Ayerbe
Required Signature/Incorporator

10/26/23
Date

2023 OCT 23 PM 1:25