## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6381 Fax Number

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 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 **NUTRANEST INC.**

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

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

Nest INC.				_:
	ARTICLE II	PRINCIPAL OFF	FICE:	
The	principal stree	et address and mailing	address is:	
15 SW 16th Stree	. Miami, FL 3	3155		_ <del></del>
,				
ARTICLE III SI	IARES: The n	number of shares of sto	ock is: 100	
		per the following		
ARTICLE	Y INITL	AL DIRECTORS AN	D/OR OFFICE	RS:
set <u>Gonzalez <sup>(P)</sup></u>				<u> </u>
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		<u>,</u>	<u></u>	
				<u> </u>
The name and Flori	da street addre	ess (PO Box not accept	able) of the regis	
ARTICLE VI	INCORPOR	ATOR: The name and	address of the I	ncorporate
6715 SW	: 16 <sup>T#</sup> S	Treet. Miami,	FL 33155	
		Secretary of		

## Required Signatures:

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

Registered Agent 03/26/2024
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.

first on 3 03/26/2024 Date

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