CORPORATION INFORMATION
SERVICES, INC
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0193 FAX

P95000019479

800-342-8086

csc networks

MAIL TO:
P.O. BOX 5828
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 557822 148419A

AUTHORIZATION :

COST LIMIT : 9 PPD

ORDER DATE : March 9, 1995

ORDER TIME : 10:22 AM

ORDER NO. : 557822

800001425128
-03/09/95--01041--001
****122.50 ****122.50

CUSTOMER NO: 148419A

CUSTOMER: Ms. Lorraine Carroll
HEALTH SOURCE VITAMINS NATURAL
FOODS JUICE BAR, INC.
Unit 12
10111 San Jose Boulevard
Jacksonville, FL 32257

FILED
95 MAR -9 PM 3:59
SEC... TALLAHASSEE, FLORIDA

DOMESTIC FILING

P95000019479

NAME: HEALTH SOURCE VITAMINS,
NATURAL FOODS, JUICE BAR, INC.

XX ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jodie Krebs

EXAMINER'S INITIALS:

3-9-95
02/A

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TRANSMITTAL LETTER

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

SUBJECT: Health Source Vitamins, Natural Foods, Juice Bar, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

- ☐ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate
- ☑ $122.50 Filing Fee & Certified Copy
- ☐ $131.25 Filing Fee, Certified Copy & Certificate

FROM: Lorraine Carroll
Name (printed or typed)

home address: 4088 Laurelwood Dr.
Address
Jax. FL 32257
City, State & Zip

399-1258 or 268-9100
Daytime Telephone number

to be incorporated Business: Health Source Vitamins, Natural Foods, Juice Bar, Inc.
10111 San Jose Blvd, unit 12
Jax., FL 32257

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

ARTICLES OF INCORPORATION

FILED
95 MAR -9 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Health Source Vitamins, Natural Foods, Juice Bar, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10111 San Jose Blvd. unit 12
Jacksonville, FL 32257

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 shares at $1 par value
(Lorraine Carroll owns 100% of all stock)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lorraine A. Carroll
10111 San Jose Blvd., unit 12
Jacksonville, FL 32257

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Lorraine A. Carroll
4088 Laurelwood Drive
Jacksonville, FL 32257

↓

→ is the only officer of the corporation owning 100% of the stock

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 8th day of March, 1995.

Lorraine A. Carroll
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

FILED
95 MAR -9 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Health Source Vitamins, Natural Foods, Juice Bar, Inc.

2. The name and address of the registered agent and office is:

(Name)
Lorraine Carroll
(P.O. Box not acceptable)
10111-12 San Jose Blvd.
(City/State/Zip)
Jax., FL 32257

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lorraine A. Carroll (Signature)
3-8-95 (Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314