

P95000023788

## Transmittal Letter

Department of State  
Division of Corporations  
Tallahassee, FL 32314

700001442487  
-03/29/95--01031--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**Subject:**                      **Destiny Nutritional Associates, Inc.**

Enclosed is an original and one (1) copy of the Articles of Incorporation along with a postal money order for the appropriate Filing Fee and Certificate in the amount of \$78.75 .

**From:**      **Thomas A. Bryan**  
                 **Rt. 1, Box 1192**  
                 **Harrells, NC 28444**

**Telephone**    **910-588-4159**

FILED  
95 MAR 28 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Articles of Incorporation

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

## Article I Name

The name of the corporation shall be:

**Destiny Nutritional Associates, Inc.**

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## Article II Principal Office

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

**416 N. Tift Av.  
Tifton, GA 31794**

## Article III Shares

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

**TWO (2)**

## Article IV Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

**Martha Evans  
Rt. 4, Box 9102  
Williston, FL 32696**

## Article V Incorporators


The names and street addresses of the incorporators to these Articles of Incorporation are:

Dr. J. A. Slocum, Sr.  
416 N. Tift Av.  
Tifton, GA 31794

Thomas A. Bryan  
Rt. 1, Box 1192  
Harrells, NC 28444

The undersigned incorporator has executed these Articles of Incorporation this

20<sup>th</sup> day of March 1995.

  
Thomas A. Bryan

Articles of Incorporation

## 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: **Destiny Nutritional Associates, Inc.**

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

**Martha Evans  
Rt. 4, Box 9102  
Williston, FL 32696**

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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.

*Martha Evans*  
Martha Evans

3/15/95  
Date