

P96000080566

TRANSMITTAL LETTER

FILED

96 SEP 27 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

W96-17658

SUBJECT: VITAMIN - SUPPLEMENT DEPOT
(Proposed corporate name - must include suffix)

600001926626
-08/20/96--01105--002
*****78.75 *****78.75

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

Additional Copy Required

FROM: MICHAEL A. MAY AND RICHARD O. MERTZ
Name (printed or typed)

4904 NORTH FLORIDA AVENUE
Address

TAMPA, FLORIDA 33603
City, State & Zip

813-232-2639
Daytime Telephone number

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

9-30-96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 22, 1996

MICHEAL A. MAY
4904 NORTH FLORIDA AVENUE
TAMPA, FL 33603

SUBJECT: VITAMIN - SUPPLEMENT DEPOT INC.
Ref. Number: W96000017653

We have received your document for VITAMIN - SUPPLEMENT DEPOT INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida Law allows only one registered agent per corporation. Please correct the document and resubmit.

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6927.

Kathy Hyman
Document Specialist

Letter Number: 296A00039927



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 6, 1996

MICHEAL A. MAY
4904 NORTH FLORIDA AVENUE
TAMPA, FL 33603

SUBJECT: VITAMIN - SUPPLEMENT DEPOT INC.
Ref. Number: W96000017658

We have received your document for **VITAMIN - SUPPLEMENT DEPOT INC.** and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

You failed to make the correction(s) requested in our previous letter.

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6927.

Kathy Hyman
Document Specialist

Letter Number: 096A00041723

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TAMPA, 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:

VITAMIN-SUPPLEMENT DEPOT INC.

ARTICLE II PRINCIPAL OFFICE

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

4904 N. FLORIDA AVE.
TAMPA, FLORIDA 33603

ARTICLE III SHARES

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

(100) ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHEAL A. MAY,

4904 N. FLORIDA AVE.
TAMPA, FLORIDA 33603

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

MICHEAL A. May;

4904 N. FLORIDA AVE.
TAMPA, FLORIDA 33603

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13th day of AUGUST, 19 96.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

VITAMIN - SUPPLEMENT DEPOT INC.

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

MICHAEL A. MAY
(NAME)

4904 N. FLORIDA AVE

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

TAMPA, FLORIDA 33603

(CITY/STATE/ZIP)

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.

Michael A. May
(SIGNATURE)

8/13/96
(DATE)