

P97000027643

TRANSMITTAL LETTER

FILED

97 MAR 24 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

300002122793--6
-03/24/97--01209--005
*****78.75 *****78.75

SUBJECT: NUTRITIONAL HEALTH CO.
(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: EDMUNDO GARCIA.
Name (printed or typed)

22358 Garrison St.
Address

Boca Raton, Fl. 33428
City, State & Zip

(561) 451-2630.
Daytime Telephone number

OK
3/27/97

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

ARTICLES OF INCORPORATION

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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: NUTRITIONAL HEALTH CO.

ARTICLE II PRINCIPAL OFFICE

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

22358 Garrison St.
Boca Raton, Fl. 33428

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mr. Brian C. Tamoney
2200 N. Federal Hwy Suite 228C
Boca Raton, Fl. 33431


ARTICLE V INCORPORATOR(S)

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

EDMUNDO GARCIA
22358 Garrison St.
Boca Raton, Fl. 33428.

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

_____ 14 day of March _____, 19⁹⁷. .



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: NUTRITIONAL HEALTH CO.

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

BRIAN C. TAMONEY CPA.

(Name)

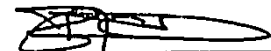
2200 N. Federal Hwy Suite 228 C

(P.O. Box not acceptable)

Boca Raton, Fl. 33431.

(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.



(Signature)

3-14-97

(Date)