# P97000055793

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

FILED
97 Jun 23 JU 9 U

SUBJECT:

M.D.S. ADVANCED NUTRITION, CO.

(Proposed corporate name - must include suffix)

600002219856--2 -06/23/97--01102--004 \*\*\*\*\*\*\*78.75

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

☐ \$70.00 Filing Fee

Filing Fee
& Certificate

□\$122.50

\$131.25

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: MICHA

MICHAEL A. ELIAS, JR.

Name (Printed or typed)

18763 S.W. 107th AVENUE

Address

MIAMI, FL 33157

City, State & Zip

(305) 232-3774

Daytime Telephone number

9N 0-25-97

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

#### **ARTICLES OF INCORPORATION**

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:

M.D.S. ADVANCED NUTRITION, CO.

#### ARTICLE II PRINCIPAL OFFICE

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

18763 S.W. 107th AVENUE MIAMI, FLORIDA 33157

#### ARTICLE III SHARES

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

ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

MICHAEL A. ELIAS, JR. 18763 S.W. 107th AVENUE MIAMI, FL 33157

### 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):

MICHAEL A. ELIAS, JR. 10315 S.W. 26th TERRACE MIAMI, FL 33165

| The undersigned incorporator(s) has(have) executed these Articles of   | of Incorporation this |
|------------------------------------------------------------------------|-----------------------|
| 15th day of <u>may</u> , 19 <u>97</u> .                                |                       |
| (An additional article must be added if an effective date is requested | l. <b>)</b>           |
| MICHAEL & ELIAS, JA gnature                                            |                       |
| 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

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    | M.D.S.       | ADVANCED                        | NUTRITION, CO. |        |               |
|----|-----------------------------------|--------------|---------------------------------|----------------|--------|---------------|
| 2. | The name and address of the regis | stered agent | t and office is:                |                |        | <del></del>   |
|    |                                   | MICHAE       | IL A ELLE<br>(NAME)             | AS, IR.        |        | 97 . FI       |
|    | (P. O.                            |              | S.W. 107t<br>Drop Box <u>NO</u> |                | in its | 23 //!! S     |
|    |                                   |              | FLORIDA                         | 33157          | ~~.    | <b>ඩ</b><br>ව |

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.

X (SKENATURE) 6/18/20 (DATE)