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Requestor's Name		97 AUG 22 AIT 11:09	
D.D. Box 3201		A/1/1:00	
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City/State/Zip	Phone #	-08/22/9701030 ****122.50 ****122.50	
•		Office Use Only	
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):			
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1.2/ Century / utrition, Inc.			
•	tion Name) (D	ocument #)	
2(Corpora	tion Name) (D	ocument #)	
·	, ,	,	
Corporation Name) (Document #)			
4.			
(Corpora	ition Name) (D	ocument #)	
☐ Walk in ☐	Pick up time	Certified Copy	
Mail out Will wait Photocopy Certificate of Status			
NEWTILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/ Dire		
		ector	
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		
OTHER FILINGS	"REGISTRATION/		
Annual Report	REGISTRATION/ QUALIFICATION		
Fictitious Name	Foreign		
Name Reservation	Limited Partnership		
	Reinstatement		
,	Trademark		
	Other	82 BROWN AUG 2 5 1997	
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Examiner's Initials

CR2E031(1/95)

ARTICLES OF INCORPORATION OF

	21st Century Nutrition, Inc.
We hereby associate to form a that end set forth the followin	a Stock Corporation under the provision of Chapter 607, Florida Statutes, and to g:
(A) The name of the Corpora The mailing address of the C	orporation is: <u>P.O. BOX 3201, POMPANO BEACH, FLORIDA 33072</u>
(B) The purposes for which to lawful business for which Co	chis Corporation is organized shall include the transaction of any and all reporations may be incorporated under Chapter 607, Florida Statutes.
(C) The Corporation shall hav \$10.00 per share.	re the authority to issue 10,000 shares of common stock with a par value of
who is a resident of Florida at	egistered agent is: Lois J. Ehrhardt nd whose business address is the same as the registered office of the ess of the initial registered agent is: 5819 Woodlands Blvd, Tamarac, Fl. 33319
I hereby accept the duties,	responsibilities, and designation as Resident Agent * Lais 9 Ehrling
	DIRECTORS shall consist of One (1) persons whose name(s) is/are:
	_
Lois Ehrhardt NAME	P.O. Box 3201 Pompano Beach, Florida 33072 ADDRESS
-	a a
NAME	ADDRESS
(F) The name (s) of the INCO: Lois Ehrhardt NAME	P.O. Box 3201 Pompano Beach, Florida 33072 ADDRESS
NAME	ADDRESS
SIGNATURE OF INC	Marie Elaborata
	NAME
STATE OF FLORIDA COUNTY OF BROWARD	
THE FOREGOING INSTRUM	MENT WAS ACKNOWLEDGED BEFORE ME THIS A DAY OF COUNCY
	OR TITLE OF OFFICER NAME OF CORPORATION
ON BEHALF OF THE CORP	ORATION. CHINA HALCA MICH MILLA
(CT 47)	NOTARY PUBLIC
(SEAL)	MY COMMISSION EXPIRES:

CYNTHIA LYN HEISS
COMMISSION & CC 483087
EXPIRES MAY 11, 1889
BONDED THAU
ATLANTIC BONDING CO., INC.