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Charter Number Only

6/10/77 STR. B.R.K.

Comprehensive Business Service

VALIDATION

Requestor's Name 4960 SW 52 St. #401

Address DOVIE, FI 33314

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_  
(954)-583-3066

WAL  
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ATION ONLY

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-09/11/97--01048--017  
\*\*\*\*\*70.00 \*\*\*\*\*35.00  
70.00

**CORPORATION(S) NAME**

Nutrition World of South Florida,  
Inc.

**Empire Toll Free: 1-800-432-3028**

97 SEP 11 PM 12:23

<input checked="" type="checkbox"/> Profit			DATE	23
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger	TIME	
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Mark		
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other		
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Reservation	<input type="checkbox"/> Change of Registered Agent		
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Certificate Under Seal		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30		
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up	<input type="checkbox"/> Mail Out	

Name	
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

**CR2E031 (R8-85)**

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**TRANSMITTAL LETTER**

**September 10, 1997**

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

**SUBJECT: Nutrition World Of South Florida, Inc.**

**Enclosed please find an original and two (2) copies of the Articles of Incorporation for the above corporation and check in the amount of \$ 70.00.**

**FROM:**

**Paul Wellens**

**337 NW 111 Avenue**

**Coral Springs, FL 33071**

**954-753-9944**

# ARTICLES OF INCORPORATION

OF

Nutrition World Of South Florida, Inc.

97 SEP 11 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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:

Nutrition World Of South Florida, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

337 NW 111 Avenue  
Coral Springs, FL 33071

### ARTICLE III CAPITAL STOCK

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

200 shares of Common Stock at \$1.00 Par Value

### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

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The name and address of the initial agent is:

Paul Wellens  
337 NW 111 Avenue  
Coral Springs, FL 33071

### ARTICLE V INCORPORATOR

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The name and street address of the Incorporator to these Articles of Incorporation is:

Paul Wellens  
337 NW 111 Avenue  
Coral Springs, FL 33071

The undersigned has executed these Articles of Incorporation this  
10th day of September, 1997.

  
Signature

CERTIFICATE OF DESIGNATION

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:

Nutrition World Of South Florida, Inc.

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

Paul Wellens

337 NW 111 Avenue

Coral Springs, FL 33071

SIGNATURE

*Paul Wellens*

Paul Wellens

TITLE

Incorporator

DATE 9/10/97

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

*Paul Wellens*

DATE 9/10/97