# J-MD Document Services

# ACCOUNT MINOCOVER SHEET SECRETARY OF STATE TALLAHASSEE, FLORIDA

ACCOUNT NUMBER: FCA000000005
REFERENCE: (SUB ACCT.)
DATE: 6-16
REQUESTER NAME: LEXIS DOCUMENT SERVICES
ADDRESS: P.O. BOX 2969 SPRINGFIELD, ILLINOIS 62708 3000025612232
CONTACT NAME: CYNTHIA WOODYARD (904) 877-7296
corporation NAME: Paradise Nutrition, Inc.
AUTHORIZATION: C. Woodward SIDWOF CORPORATION:  CERTIFIED COPY (1-9)  CERTIFICATE OF STATUS (1-9)  PLAIN STAMPED COPY  CALL WHEN READY ( ) CALL IF PROBLEM ( ) AFTER 4:30  WALK IN ( ) WILL WAIT ( ) PICK-UP

## ARTICLES OF INCORPORATION

70:1 M9 31 NUL 88

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business FF FLORIDA Corporation Act, hereby adopt(s) the following Articles of Incorporation Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### NAME ARTICLEI

The name of the corporation shall be:

PARADISE NUTRITION, INC.

#### PRINCIPAL OFFICE ARTICLE II

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

2401 PGA Blvd., Suite 280-F Palm Beach Gardens, Florida 33410

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

## INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and address of the initial registered agent is:

LEXIS Document Services Inc. 3953 W.W. Kelley Road Tallahassee, FL 32311

### 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):

Anthony E. Mackay 135 S. LaSalle St., St. Chicago, IL 60603

designation of officers.

The undersigned incorporator(s) has(have) executed these Articles of Inco	orporation this
Wigney Muschy Signature	<del></del>
Signature	· · · · · · · · · · · · · · · · · · ·

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

# 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: PARADISE NUTRITION, INC.	
2. The name and address of the registered agent and office is:	SECRETARY
LEXIS Document Services Inc.	
(NAME)	FS P
3953 W.W. Kelley Road	ORIDA ORIDA
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	
Tallahassee, FL 32311	
(City/State/Zip)	
Having been named as registered agent and to accept service of process for to corporation at the place designated in this certificate, I hereby accept the appointmagent and agree to act in this capacity. I further agree to comply with the provision relating to the proper and complete performance of my duties, and I am familiar with obligations of my position as registered agent.	ns of all statutes
authory Musely, aut sac 6/15/94	3