

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

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SUBJECT:	Precision Nutrition Corporation	) <u>/</u>			
SOMECT.	(Proposed comporate 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

Filing Fee & Certificate

□\$122.50 Filing Fee

\$131.25 Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	Faride	Perez		
	Name (Printed or typed)			

Daytime Telephone number

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



# ARTICLES OF INCORPORATION

98 JUN 29 AM 11: 58
SECRETARY OF STATE

The undersigned incorporator, for the purpose of forming a corporation under the Florida SECRETAR Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

**Precision Nutrition Corporation** 

### ARTICLE II PRINCIPAL OFFICE

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

17780 NW 67 Avenue #1018 Miami Lakes, FL 33015

#### ARTICLE III SHARES

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

100 shares at \$1.00 par value

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Faride Perez

17780 NW 67 Avenue #1018

Miami Lakes, FL 33015

#### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Faride Perez

17780 NW 67 Avenue #1018

Miami Lakes, FL 33015

Signature/Incorporator

Note

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Data