P98000062702

TRANSMITTAL LETTER

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

900002587779--7 -07/14/98--01022--010 ****131,25 *****131.25

SUBJECT:	Vitami	in Nutrition	Center	-	_	
	(Pr	oposed corporate n	ame - must include s	uffix)	TALLAHASSEI	
for:	0.00	and one (1) copy \$78.75 Filing Fee & Certificate	of the articles of \$122.50 Filing Fee & Certified Copy	incorporation an \$131.25 Filing Fee, Certified Copy & Certificate	d a check ORIDA	图 9: 47
	FROM:	Name (A. Gonzalez printed or typed) S.W. 131 Stre	· · · · · · · · · · · · · · · · · · ·		
			Address F1. 33186			
		City 305–27	, State & Zip 8-9995		•	
		Daytime *	Telephone number			

F. CHESSER JUL 1 6 1998

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:

Vitamin Nutrition Center, Corp.



ARTICLE II PRINCIPAL OFFICE

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

13208 S.W. 131 Street Miami, F1. 33186

ARTICLE III SHARES

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

5000 shares of common stock with no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sofia A. Gonzalez 13208 S.W. 131 Street Miami, F1. 33186

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Sofia A. Gonzalez
7931 S.W. 147 Court
Miami, Fl. 33193

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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	s:Vitamin	Nutrition	Center,	Corp.	
2.	The name and address of the	SLURETARY TALLAHASSI	98 JUL 14			
	Sofia A.	Gonzalez			E, FI	A .
	13208 S.	(Name) W. 131 Str	eet		FLORIDA	9: 47
	{1	P.O. Box not a	ceptable)		•	
	Miami, E	F1. 33186			_	-
		(City/State/	Zip}		-	

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.

July 10, 1998

(Date)