P98000062941

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

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SUBJECT: No	trition Wise W (Proposed corpor	est, Inc. rate name - must include sul	flix)	· · · · · · · · · · · · · · · · · · ·
	Ambida a ser a			e
Enclosed is an origina	d and one(1) copy of the articles	s of incorporation and o	shoot for .	
Exiciosed is all origina	n and one(1) copy of the article	s of incorporation and a c	SHECK FOF:	٦
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	,
		ADDITIONAL CO	PY REQUIRED	
FROM:	Cheryl A. C. Name (Pr	ohen rinted or typed)	-	
	4153 Rus	sell Street	<u> </u>	
	Tequesta City,	Florida State & Zip	33469	APPR AA FILI 98 JUL 15 SECRETARY SECRETARY
	561-747 Daytime Te	- 8 8		
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NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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 Wise West, Inc

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ARTICLE II PRINCIPAL OFFICE

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

150 N. U.S. #1

Tequesta, Florida 33469 SHARES

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

1000

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

Cheryl A. Cohen 4153 Russell Street Tequesta Florida 33469

ARTICLE V INCORPORATOR

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

Cheryl A. Cohen 4153 Russell Street Tequesta, Florida 33469

(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