

TRANSMITTAL LETTER

999000034094

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

SUBJECT: Nutrition 2000 Corp.
(Proposed corporate name - must include suffix)

100002835861--1
-04/12/99-01077-004
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Armand David
Name (Printed or typed)

205 S.E. 2nd Terr.
Address

Dania, FL 33004
City, State & Zip

(954) 925-6190
Daytime Telephone number

FILED
99 APR 12 AM 11:56
TALLAHASSEE, FLORIDA
STATE

SHARON

APR 14 1999

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

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 2000 Corp.

ARTICLE II PRINCIPAL OFFICE

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

205 S.E. 2ND TERR
DANIA, FL 33004

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Armand David
205 S.E. 2nd Terr.
Dania, FL 33004

ARTICLE V INCORPORATOR

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

Armand David
205 S.E. 2nd Terr.
Dania, FL 33004

Armand David

Signature/Incorporator

4/9/99

Date

(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

Armand David

Signature/Registered Agent

4/9/99

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA