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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATURAL BODY CARE MARKETING GROUP, INC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOHN BOSHOFF
(Name of Person)

NBCMG, INC
(Firm/Company)

509 N PRESCOTT AVE
(Address)

CLEARWATER FL 33755
(City/State and Zip code)

For further information concerning this matter, please call:

JOHN BOSHOFF at (727) 442 4984
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☑ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 27, 2003

JOHN BOSHOFF
NBCMG, INC.
509 N PRESCOTT AVE.
CLEARWATER, FL 33755

SUBJECT: NATURAL BODY CARE MARKETING GROUP, INC.
Ref. Number: W03000031311

We have received your document for NATURAL BODY CARE MARKETING GROUP, INC. and your check(s) totaling $70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 303A00058438

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. NATURAL BODY CARE MARKETING GROUP, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

NBCMG, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DE
(State or country under the law of which it is incorporated)

3. 75-3131364
(FEI number, if applicable)

4. 9.19.2003
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 509 N PRESCOTT AVE, CLEARWATER, FL 33755
(Principal office address)

AS ABOVE
(Current mailing address)

8. WHOLESALE / RETAIL BROKER
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: JOHN BOSHOFF

Office Address: 509 N PRESCOTT AVE

CLEARWATER (City), Florida 33755 (Zip code)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. **Names and business addresses of officers and/or directors:**

A. DIRECTORS

Chairman: LOUELLA JUNE BOSHOFF

Address: 509 N PRESCOTT AVE

CLEARWATER FL 33755

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: LOUELLA JUNE BOSHOFF

Address: 509 N PRESCOTT AVE

CLEARWATER FL 33755

Vice President: LOUELLA JUNE BOSHOFF

Address: AS ABOVE

_____

Secretary: JOHN HAROLD BOSHOFF

Address: AS ABOVE

Treasurer: JOHN HAROLD BOSHOFF

Address: AS ABOVE

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

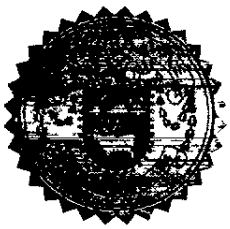
13. _____
(Signature of Director or Officer listed in number 12 of the application)

14. JOHN BOSHOFF
(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATURAL BODY CARE MARKETING GROUP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF NOVEMBER, A.D. 2003.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2758887

030708822

DATE: 11-19-03