

FO9000003276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

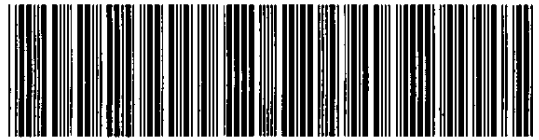
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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07/24/09--01026--008 \*\*70.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7680  
8/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2009

CONNIE PEASE  
350 EAST MICHIGAN AVE., SUITE 225  
KALAMAZOO, MI 49007

SUBJECT: IHAC, INC.  
Ref. Number: W09000034132

We have received your document for IHAC, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with 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) 245-6962.

Valerie Herfing  
Regulatory Specialist II  
New Filing Section

Letter Number: 609A00025708

International  
Health  
Awareness  
Center, Inc.

July, 20, 2009

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

To Whom it May concern:

We are a Michigan based corporation that is hiring an employee in the state of Florida. This employee will be working out of her home in Jacksonville.

If you need any additional information please contact me at 269 343-9351 or  
cpease @hopehealth.com.

Sincerely,

*Connie S. Pease*

Connie Pease  
Controller  
IHAC, INC

Enclosure

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** IHAC, 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:

Connie Pease

Name of Person

IHAC, Inc.

Firm/Company

350 East Michigan Ave., Suite 225

Address

Kalamazoo, MI 49007

City/State and Zip code

cpease@hopehealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie Pease

Name of Person

at ( 269 ) 343-0770

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

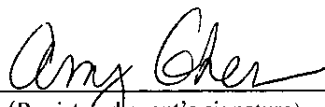
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. IHAC, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  
  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Michigan 3. 38-1784210  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/13/1964 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 7/20/2009  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 350 East Michigan Ave., Suite 225, Kalamazoo, MI 49007  
(Principal office address)  
  
350 East Michigan Ave., Suite 225, Kalamazoo MI 49007  
(Current mailing address)
8. Market & Distribute Health & Wellness Products  
(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 NOT acceptable)  
  
Name: Amy Cohen  
  
Office Address: 4342 Ripken Circle E  
  
Jacksonville, Florida 32224  
(City) (Zip code)

**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: Shawn Connors

Address: 350 East Michigan Ave., Suite 225, Kalamazoo MI 49007

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Megan Haan

Address: 350 East Michigan Ave., Suite 225, Kalamazoo MI 49007

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Shawn Connors

Address: 350 East Michigan Ave., Suite 225, Kalamazoo MI 49007

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

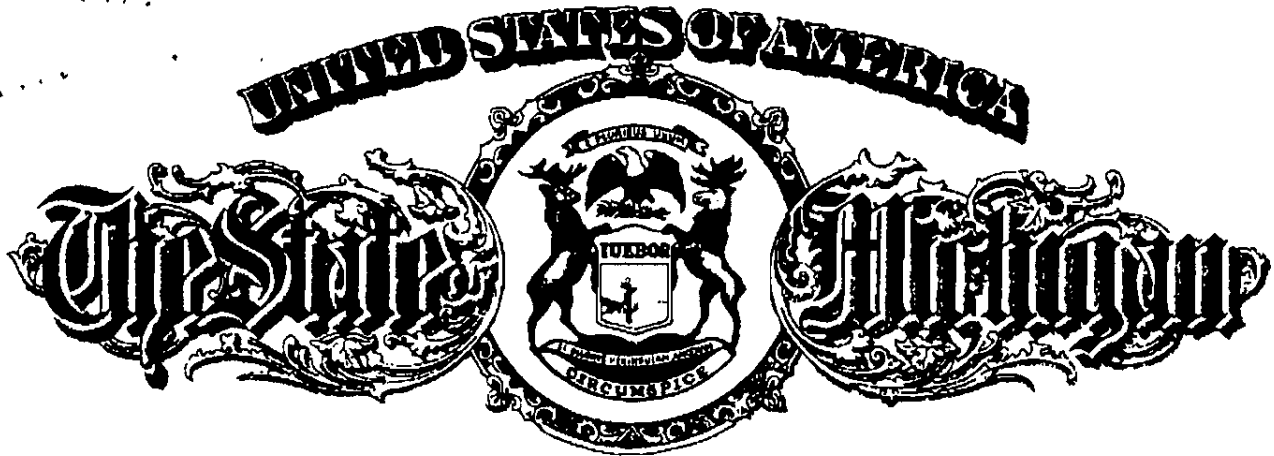
13. Megan K Haan

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

14. Megan K Haan

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Department of Energy, Labor & Economic Growth

Lansing, Michigan

*This is to Certify That*

**IHAC, INC.**

*was validly incorporated on April 13, 1964, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



Sent by Facsimile Transmission  
988593

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 8th day of June, 2009.*

*Andrew S. Hittell*, Director

Bureau of Commercial Services