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(Requestor's Name)				
(Address)				
(11441555)				
(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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Office Use Only



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COVER LETTER

TO:	O: New Filing Section Division of Corporations			
SUBJ	ест: <u>G</u>	Health Pr Name of corporat	oducts Inc	• 666
Dear S	ir or Madam:			
"Certif	icate of Existenc	ion by Foreign Corporation e," or "Certificate of Good Son corporation to transact bus	Standing" and check are sub	
Please	return all corresp	oondence concerning this ma	tter to the following:	
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For fur	ther information	concerning this matter, pleas	se call:	
Debra	a Crutchfie Name of Perso	cl/Sc Anawholi (77)	0 <u>447 - 1609</u> ea Code & Daytime Teleph	
	STREET/COU New Filing Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle	MAILING A New Filing Se Division of C P.O. Box 632 Tallahassee, F	ection orporations 7
Enclose	ed 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 Division of Corporations

RECEIVED

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WAS TAILANDER FOR THE TOP DA

February 3, 2010

CYDNEY BEATTY GF HEALTH PRODUCTS INC 2935 NORTHEAST PARKWAY ATLANTA, GA 30360

SUBJECT: GF HEALTH PRODUCTS INC.

Ref. Number: W10000005543

We have received your document for GF HEALTH PRODUCTS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1400.00.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II

Letter Number: 510A00002804



GF HEALTH PRODUCTS, INC. 2935 NORTHEAST PARKWAY • ALLANTA, GEORGIA 30360 • 800.347.5678 • FAX 800.726.0601 WWW.GRAHAMFELL.COM



February 10, 2010

Registration Section Division of Corporation P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: GF HEALTH PRODUCT INC. Ref. Number: W10000005543

In regards to the date first transacted business in Florida, the date I entered is in error, I did not transact business in Florida prior to getting registered with the Secretary of the State of Florida.

Sincerely yours,

Debra Crutchfield
Senior Accountant

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.
0
1. (7 F Health MOCILL'S, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," GF Health Prod
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If you are it is the Thirty of the standard of the standard in Playida)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DE 18 WOYC 3. 36 45 28536 (FEI number, if applicable)
H. 17. 20002
(Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation)
6. X MAY 2003 DAY AN FIRST SEE LEHE!
(Date first transactes Dusiness in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2435 Northeast- Parking Atlanta Georgia 500-15
(Principal office address)
2935 Northeast Parkury Atlanta Georgia 20145 (Current mailing address)
(Cuttent maning audress)
8. Manufacture
(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: CT Corporation System
Office Address: 1200 South Pine Island Road 3
Mantotion, Florida 33324
(City) (Zip code) Sign 17
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.
DALE W. MORRIS
ACCIONALIZATION DEPOSIT OF THE PARTY OF THE

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.

(Registered agent's signature)

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

A. DIRECTORS	
Chairman: MOSES MBYX	
Address: 2935 Northeast Parke	wal
Address: 2935 Northeast Parke	200
	Control of the contro
Vice Chairman:	
Address:	The state of the s
	The state of the s
Director: Beatrice Scherer	OR DE
Address: 2935 Northeast Parkwa	Y P
Atlanta GA 30360	
Director: Philippe Katz	
Address: 2935 Northeast Par	r 1021
Address: Atlanta GA 30360	2003
MINDY HO CHA SUSGO	
B. OFFICERS	
President CED: Blattice Scherer	
President/CED: Beatrice Scherer Address: 2935 Northeast	Parkway
Atlanta Azokara	
	11221
202-1/2/11 2251	Parkubu
Atlanta Georgia 3	W.560
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the applicat	ion listing additional officers and/or directors.
13. (here & monage)	
(Signature of Chairman, Vice Chairman, or any of	
	Quality & Risk Mamt.
(Typed or printed name and capacity of pe	erson signing application)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GF HEALTH PRODUCTS, 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 TWENTY-SECOND DAY OF JANUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3648584 8300

100063025

DATE: 01-22-10

AUTHENTY CATION: 7772845

You may verify this certificate online at corp.delaware.gov/authver.shtml