F00000000653

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: Research Products (Name of	corporation - must include suffix)
Dear Sir or Madam:	
"Certificate of Existence", and check are sub to transact business in Florida. Please return all correspondence concerning	oration for Authorization to Transact Business in Florida", mitted to register the above referenced foreign corporation ODOBSIOSSO
Research Prod	·
9427 Rocky	
lampa F1 33	(Address) 647 (City/State/Zip)
Should you need to call someone concerning	this matter, please call:
Floyd Price at (Name of Person)	(813) 994-7/01 (Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Qualification/Tax Lien Section Output Output	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount DCC \$70.00 Filing Fee	ee & 🗗 \$78.75 Filing Fee & 🗆 \$87.50 Filing Fee, Status Certified Copy Certificate of Status & Certified Copy
P. Verifyer DCC F COOCC	000065 3 0 date first transacted have
	(conflict K1301A)

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 26, 2000

FLOYD PRICE RESEARCH PRODUCTS INC. 9427 ROCKROSE DR TAMPA, FL 33647

SUBJECT: RESEARCH PRODUCTS, INC.

Ref. Number: W00000002246

We have received your document for RESEARCH PRODUCTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please return 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) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 400A00003716

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Hoy True (Name) that this Resolution of the Board of Directors of Resear	, do hereby certify	
(Corporate Name) a corporation duly organized and existing under the laws of the	he State of Delaware	
was duly adopted on January 31 Be it resolved, that Persanch Products Tuc. (Corporate Name) organized and existing in the State of Dolawan	,20 00 .00 .00	SECHETARY OF S
Research Products 2000 Inc. Dated: January 31 2000	for use in Florida.⇔	RATIONS
Signature of either Chairman, Vice Chairman or	any officer	-

Type or print Name

INHS19(1/00)

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. Kesearch Froducts Incorporated
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
natural person or partnership if not so contained in the name at present.)
2. <u>Delaware</u> 3. 59-36/2420
2. De laware (State or country under the law of which it is incorporated) 3. 59-36/2420 (FEI number, if applicable)
4. November 23 1999 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to existor "perpetual")
(Date of incorporation) (Duration: Year corp. will seems to evict or "powers 12")
6. January 24, 2000 est Upon Qualification (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7
9427 Rockrose Drive Tampa FL 33647 Tockrose Drive Tampa FL 33647
1921 Nockrose Orive lampa FL 33641
(Current mailing address)
8. Wholesale Distribution of Dietary Supplements
8. Wholesale Distribution of Dietary Supplements (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
ω
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Floyd Price
Office Address: 9427 Rockrose Dr
Jampa , Florida, 33647 (Zip code)
(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 all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of the provisions of the proper and complete performance of my duties, and I am familiar with and accept the obligations of the proper and complete performance of my duties, and I am familiar with and accept the obligations of the proper and complete performance of my duties, and I am familiar with and accept the obligations of the proper and complete performance of my duties, and I am familiar with and accept the obligations of the proper and complete performance of my duties, and I am familiar with and accept the obligations of the proper and complete performance of the perfo
the obligations of my position as registered agent.
(Registered agent's signature)
(Logistered agent 8 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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable),	
Chairman: Madhavi Sekharam	<u> </u>
Address: 8730 Ashworth Dr	
Tampa FL 33647	
/ice Chairman:	
Address:	<u> </u>
	<u> </u>
Director:	<u> </u>
Address:	<u>-</u> .
Director:	<u> </u>
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	O FE
resident: Floyd Price	B 755
Address: <u>9427 Mockrose</u> Dr	70 20 11 1
Tampa F1 33647	ය ලිය
Vice President:	10ks
address:	
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ecretary:	
ddress:	
reasurer:	
ddress:	
	-
IOTE: If necessary you may attach an addandure to the analysis is the sandy of the	- 1/. 1
IOTE: If necessary, you may attach an addendum to the application listing additional officers a	-
3. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	ne application)
4. Floyd Price President	
(Typed or printed name and capacity of person signing applic	ation)

State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESEARCH 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 TENTH DAY OF JANUARY, A.D. 2000.

AND_I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



AUTHENTICATION:

0189149

001012069

3130671 8300

DATE:

01-10-00