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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: LOWCARB LIFESTYLES, 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:

500003121635--6
-02/02/00--01109--001
*****70.00 *****70.00

SUSAN WEBB
(Name of Person)
LOWCARB LIFESTYLES, INC
(Firm/Company)
973 NW SPRUCE RIDGE DR #1
(Address)
STUART, FL. 34994
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Name	<u>SUSAN WEBB</u>	at	<u>(561) 692-4550</u>
Availability	(Name of Person)		(Area Code & Daytime Telephone Number)
Document Examiner	DCC		
Updater	DCC		
Updater/Verifier	Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		
Acknowledgment	DCC		
P. Verifier	DCC		

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**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. LOWCARB LIFESTYLES, INC
(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. WISCONSIN 3. ~~0282~~ 082378-000-6
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 1, 1999 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NONE YET TRANSACTED
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P.O. BOX 385
STUART, FL. 34995
(Current mailing address)

8. BOOK SALES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

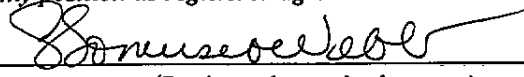
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: SUSAN WEBB

Office Address: 973 NW SPRUCE RIDGE DR #1
STUART, Florida, 34994
(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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: NICOL KNAPPEN

Address: E 13425 GRACE ST
MERRI

Vice Chairman: _____

Address: _____

Director: PAUL NICOL KNAPPEN

Address: E 13425 GRACE ST
MERRIMAC, WI 53536

Director: SUSAN SOMERSET WEBB

Address: 973 NW SPRUCE RIDGE DR #1
STUART, FL. 34994

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: PAUL NICOL KNAPPEN

Address: E 13425 GRACE ST.
MERRIMAC, WI 53561

Vice President: _____

Address: _____

Secretary: SUSAN SOMERSET WEBB

Address: 973 NW SPRUCE RIDGE DR #1

Treasurer: _____

Address: _____

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

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SUSAN SOMERSET WEBB
(Typed or printed name and capacity of person signing application)

RECEIVED
DIVISION OF CORPORATIONS
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DOM NEW
180 181 185

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that

LOWCARB LIFESTYLES, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is April 21, 1999.

I further certify that said corporation has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats.; and that said corporation has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on 21 Jan 2000.

A handwritten signature in dark ink, appearing to read 'Richard L. Dean'.

RICHARD L. DEAN, Secretary
Department of Financial Institutions

BY:

A handwritten signature in dark ink, appearing to be a stylized 'R'.



Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.