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TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: Activ Health Services, 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:

Floyd H. Kruger 200003131942--7
(Name of Person) -02/10/00--01116--016
Activ Health Services, Inc. *****70.00 *****70.00
(Firm/Company)
4808 S. Tamiami Trail, #217
(Address)
Sarasota, FL 34231-4352
(City/State/Zip)

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

Floyd H. Kruger at (941) 365-1922
(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

FILED
00 FEB 10 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

1. Activ Health Services, 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. Delaware 3. 65-0954595
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 12, 1999 5. Perpetual
(Date of incorporation) (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. a. 4808 S. Tamiami Trail, #217 Sarasota, FL 34231-4352
(Principal office address)
b. 4808 S. Tamiami Trail, #217 Sarasota, FL 34231-4352
(Current mailing address)
8. To manufacture and market health care 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 or Mail Drop Box **NOT** acceptable)
Name: Floyd H. Kruger
c/o Activ Health Services
Office Address: 4808 S. Tamiami Trail, #217
Sarasota, FL, Florida 34231-4352
(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.

Floyd H. Kruger
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Robert J. Coury
Activ Health Services, Inc.
Address: 4808 S. Tamiami Trail, #217
Sarasota, FL 34231-4352

Vice Chairman: _____

Address: _____

Director: Richard Leberman
Activ Health Services, Inc.
Address: 4808 S. Tamiami Trail, #217
Sarasota, FL 34231-4352

Director: _____

Address: _____

B. OFFICERS

President: Robert J. Coury
Activ Health Services, Inc.
Address: 4808 S. Tamiami Trail, #217
Sarasota, FL 34231-4352

Vice President: Griscom Bettle
Activ Health Services, Inc.
Address: 4808 S. Tamiami Trail, #217
Sarasota, FL 34231-4352

James P. Scheer
Activ Health Services
4808 S. Tamiami Trail, #217
Sarasota, FL 34231-4352

Secretary: Richard Leberman
Activ Health Services
Address: 4808 S. Tamiami Trail, #217
Sarasota, FL 34231-4352

Treasurer: Richard Leberman

Address: Same as above.

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

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

14. Richard Leberman - Secretary and Treasurer
(Typed or printed name and capacity of person signing application)

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 "ACTIV HEALTH SERVICES, 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 TWELFTH DAY OF
NOVEMBER, A.D. 1999.



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A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

AUTHENTICATION:

0077390

DATE:

11-12-99