To:

Registration Section

Division of Corpations

SUBJECT: <u>CARIBBEAN PACIFIC NATURAL PRODUCTS</u>, 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:

BILL R. CARS	00	· -
(Name of Person)		
CARIBBEAN PACIFIC NATURAL PRODUCTS, INC		
(Firm/Company)	K 10	g recent
1308 ROSE BLUD. Svite E.	- <u>1</u>	<u>(</u>
(Address)		+
ORLANDO FLORIDA 32829	سون	41UM
(City/State/Zip)		6/6
		ץ ו

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

-2100

BILL R. CAPPS

(Name of Person)

at (407) 888 - 2100 (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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

\$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Catified 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. ARIBBEAN PACIFIC NATURAL PRODUCTS (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.) (State or country under the law of which it is incorporated) 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.) (Principal office address) (Current mailing address) 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) Office Address: 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

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)

and accept the obligations of my position as registered agent.

12. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman: OGUY J. QUIGLEY			
Address: KELLS BLdG. 621 SHAdy REFEE			
Doylestown, PA. 18901-1349			
Vice Chairman: BOB R. HAMNER			
Address: 1308 Rose Blud. Suite E			
ORLANDO, FL. 32839			
Director: BILL R. CAPPS			
Address: 1308 ROSE BLVd. SuitE E			
DRLANDO, FL 32889			
Director: BOUNSEVELLE N. SCHAUN	William J. Reilly		
Address: KEUS BLdg. 621 SHADY REFERST Rd.	1308 ROSE Blud. SuitEE		
B. OFFICERS	OPLANDO, FL. 32839		
President: BOB R. HAMNER			
Address: 1308 ROSE BLVd. Suite E			
ORLANDO, FLORIDA 32839	200 P 100		
Vice President:			
Address:			
Secretary: WILLIAM J. REILLY			
Address: 1308 Rose Blvd. Suite E			
ORLANDO, FLORIDA 32839			
Treasurer: WILLIAM J. REILLY			
OPLANDO, FL. 32839			
NOTE: If necessary, you may attach an addendum to the application listing ad-	ditional officers and/or directors		
13 / Port R (+a~			
(Signature of Chairman, Vice Chairman, or any officer listed in	number 12 of the application)		
14. BOBR. HAMNER, CEO			
(Typed or printed name and capacity of person signing application)			

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CARIBBEAN PACIFIC NATURAL 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

FIFTEENTH DAY OF MAY, A.D. 2000.

00 Juli -2 MIII: 04



Edward J. Freel, Secretary of State

AUTHENTICATION:

0438378

DATE:

05-15-00

3213794 8300

001246296