TRANSMIT	TTAL LETTER	
To: Registration Section Division of Corporations	i şt	
SUBJECT: Smart Health In	v oration - must include suffix)	
,	oration - must menude sumx)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation" Certificate of Existence", and check are submitted transact business in Florida.	n for Authorization to Transact Busine d to register the above referenced forei	ss in Florida", gn corporation to
Please return all correspondence concerning this m	(/	
Smart Healt	ne of Person) A Inc. 90000	3443039-3 345504739-30
(Firm	n/Company)	
3811 Bermuda ct.		W-26704
((Address)	
Pinta Corda, Fl	33950	
(Cit	y/State/Zip)	
		oo SEC
Should you need to call someone concerning this n	natter, please call:	
0 -		ASSE VSSE ASSE
R.F. Leutz CPA, P.C. at (5	17, 389-4617	
(Name of Person)	Area Code & Daytime Telephone Num	iber) SI G
		BH 54
STREET ADDRESS:	MAILING ADDRESS:	
		nt.
Registration Section Division of Corporations	Registration Section	11/22
409 E. Gaines St.	Division of Corporations P.O. Box 6327	11/22
Tallahassee, FL 32399	Tallahassee, FL 32314	·
Enclosed is a check for the following amount:		
□ \$70.00 Filing Fee □ \$78.75 Filing Fee &	☐ \$78.75 Filing Fee & \$87.:	50 Filing Fee,

Certified Copy

Certificate of Status &

Certified Copy

Certificate of Status



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 8, 2000

JEFF HOWARD 3811 BERMUDA CT. PUNTA GORDA, FL 33950

SUBJECT: SMART HEALTH, INC. Ref. Number: W00000026704

We have received your document for SMART HEALTH, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 000A0005781

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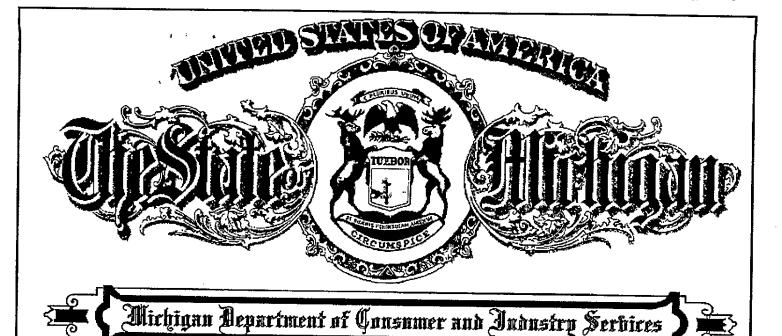
יורבט.

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. Smart Health Lucorporated
(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.)
11,1,
2. Michigan (State or country-under the law of which it is incorporated) 3. 38-3533452 (FEI number, if applicable)
(State of country-under the law of which it is incorporated) (FEI number, if applicable)
4. S-4-2000 - 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upor qualitication
(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. 2150-7 TAMIAMI Trail Port Charlotte, Fl. 33948
(Principal office address)
b. 3811 Bermuda CT. Punta Gorda, Fl. 33950 (Current mailing address)
(Current mailing address)
8. VITAMIN Herb Store
(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: <u>Jettrey Howard</u>
Name: Jeffrey Howard Office Address: 38// Bernuda CT. Punta Gorda , Florida 33950
Dari Stimer 2 Ci.
Punta Gorda, Florida 33950
(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 business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: MARIE SWAYZE	
Address: 5062 Big Rock ST	
JACKSON, Mi. 49201	
Vice Chairman: Jeffrey Howard	
Address: 3811 Bermuda CT.	
Purta Gorda, Fl. 33950	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Jeffrey Howard	
Address: 3811 Kermuda CT.	00 SEC
Punta Gorda, Fl. 33950	ATA ATA
Vice President:	22 27 28 28 28 28
Address:	FLO FLO
	VIDA VIE VIE VIE VIE VIE VIE VIE VIE VIE VIE
Secretary: MARIE Swayze	
Address: 5062 Big Rock ST	
JACKSON, Mi. 49201	
Treasurer: MARie Swayze	
Address: 5062 Big Rock ST	
JACKSON, Mi. 49201	
NOTE: If recessary, you may attach an addendum to the application listing additional officers and	d/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the a	application)
(Typed or printed name and capacity of person signing application	on)



Lansing. Michigan

This is to Certify That

SMART HEALTH, INC.

was validly incorporated on May 4, 2000, as a Michigan profit corporation and said corporation is validly in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing in this office as of this date and is duly authorized to transact business of conduct affairs in Michigan and for no other purpose. It is in the usual form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 14th day of November, 2000.

Director

Bureau of Commercial Services

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