FD000006585

TO:

Registration Section

TRANSMITTAL LETTER

| Division of Corporations | | |
|--|---|--|
| SUBJECT: Naturize, Inc. | | |
| | on - must include suffix) | |
| Dear Sir or Madam: | - | |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida. | | |
| Please return all correspondence concerning this matter | • | 1034450297 18/30/0001149018 *****87.50 *****87.50 |
| | f Person) | |
| (Time o | 1101001) | W-26282 |
| Naturize, INC. | | |
| (Firm/Co | * ** | |
| 11737 Central Parkury S | suite A | |
| (Add | lress) | |
| Jacksonville, FL 3222 | Ψ. | |
| (City/State | and Zip code) | |
| | • / | |
| For further information concerning this matter, please | coll: | |
| For further information concerning this matter, please | Can. | OO SEI |
| Daviel Hoffe at (904 |) 996-7700 Code & Daytime Telephone I MAILING ADDRESS: Registration Section | NO P |
| (Name of Person) (Area | Code & Daytime Telephone | NOV 29 |
| (114110-011-01001) | Court of Daytime Telephone | 9 F |
| | | TE SE |
| STREET ADDRESS: | MAILING ADDDESS. | 9. 0ñ 0ñ |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | 1 |
| 409 E. Gaines St. | P.O. Box 6327 | nt |
| Tallahassee, FL 32399 | Tallahassee, FL 32314 | 11/29 |
| Enclosed is a check for the following amount: | | 11/29 |
| □ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status | コ \$78.75 Filing Fee & 図 Certified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 2, 2000

PAUL C. PORTER 11737 CENTRAL PKWY, STE A JACKSONVILLE, FL 32224

SUBJECT: NATURIZE, INC. Ref. Number: W00000026282

We have received your document for NATURIZE, 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

ენ დ Letter Number: 800A000569**2**0∺ ე

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.

| 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) (FEI number, if applicable) | _ |
| 10/17/2000 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") | |
| <u>Upon Qualification</u> (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.) 11737 Central Parkway Swite A, Jacksonville, FL 32224 (Principal office address) | |
| Same | - |
| (Current mailing address) | |
| To engage in any lawful act or activity for which corporations may be organized (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Florida la | zed und aws |
| Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) | |
| Name: Paul C. Porter | |
| ffice Address: 209 Oak Point Lane | <u> </u> |
| Powte Vedra Reach, Florida 32082 (City) (Zip code) | |
| D. Registered agent's acceptance: Saving been named as registered agent and to accept service of process for the above stated corporation arthersignated in this application, I hereby accept the appointment as registered agent and agree to act in this caparter to comply with the provisions of all statutes relative to the proper and complete performance of states, and I am familiar with and accept the obligations of my position as registered agent. | acity. I |
| Jal Porter | |
| (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:

| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. | A. DIREC | CTORS | |
|--|--------------|--|--|
| Jackso Noille, FL 3224 Vice Chairman: Address: Director: Address: D | Chairman: _ | Paul C. Porter | |
| Address: Director: Address: D | Address: | 11737 Central Parkway Suite A | |
| Director: Address: Director: | | Jackso Nuille, FL 32224 | |
| Director: Address: Director: Address: 3. OFFICERS Pesident: Paul C. Porter Address: 11737 Central Parkway, Suite A LEG Jacksonuille, Fl. 32224 Vice President: Address: Secretary: Address: Secretary: Address: Control On 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Vice Chairm | nan: | |
| Director: Address: B. OFFICERS President: Paul C. Porter Address: 11737 Central Parkway, Suite A Fig. 9 Fig. 9 | Address: | | |
| Director: Address: B. OFFICERS President: Paul C. Porter Address: 11737 Central Parkway, Suite A Fig. 9 Fig. 9 | —— Director: | | |
| Director: Address: B. OFFICERS President: Paul C. Porter Address: 11737 Central Parkway, Suite A Fig. 7 Jacksonuille, FL 3224 Address: Paul C. Porter Jacksonuille, FL 3224 Fig. 7 Fig. 7 | | | |
| Address: Content | | | |
| President: Paul C. Porter Address: 11737 Central Parkway, Suite A Jacksonville, Fl. 32224 Address: 1257 9 11 Address: 1257 | Director: | | |
| President: Paul C. Porter Address: 11737 Central Parkway, Suite A Jacksonville, Fl 32234 Vice President: Fl 32234 Address: Freasurer: Address: Freasurer: Address: Freasurer: Freasurer | Address: | | |
| President: Paul C. Porter Address: 11737 Central Parkway, Suite A Jacksonville, Fl 32224 Vice President: Fl 32224 Address: Freasurer: Address: Freasurer: Freasur | | | |
| Address: 11737 Central Parkway, Suite A FE S T | B. OFFIC | ERS | |
| Address: 11737 Central Parkway, Suite A FE Saddy FE FE Saddy FE FE Saddy FE Secretary: | President: _ | Paul C. Porter | |
| Jackso woille, FL 32234 Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. | | 11737 Central Parkingy Suite A | |
| Address: Comparison of the content of the conten | | Jacksonville FL 32224 题 2 卫 | |
| Address: Secretary: Address: Freasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. | | | |
| Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. | | | |
| Address: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. | _ | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. | Secretary: _ | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. | Address: | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. | Treasurer: _ | | |
| On about | Address: | | |
| On about | | | |
| | 77 | necessary, you may attach an addendum to the application listing additional officers and/or directors. | |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) | 13 | (Simplying of Chairman, Vice Chairman, or any officer listed in number 12 of the application) | |
| | | | |
| 4. Paul C. Porter President (Typed or printed name and capacity of person signing application) | 14 | | |

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NATURIZE, 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 SIXTH DAY OF NOVEMBER,
A.D. 2000.

00 NOV 29 PM 9: 05
SECKETARY OF STATE
TALL ALM SSTEET COMPA

3302863 8300

001557835

Edward J. Freel, Secretary of State

AUTHENTICATION: 0777053

DATE: 11-06-00