

# F00000006729

Document Number Only

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
850-222-1092

DATE: 12 / 5

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

Corporation(s) Name

NSPined Natural Foods, Inc

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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| <input checked="" type="checkbox"/> Profit  | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit  |  |                                 |
| <input checked="" type="checkbox"/> Foreign   | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark   |
| <input type="checkbox"/> LLC  | <input type="checkbox"/> Withdrawal      |                                 |
| <input type="checkbox"/> Limited Partnership  | <input type="checkbox"/> UBR             | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Reinstatement  | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> Ch. RA |
| <input type="checkbox"/> UCC <input type="checkbox"/> 1 or <input type="checkbox"/> 3 |  |                                 |

\*\*\*Special Instructions\*\*

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| <input type="checkbox"/> Certified Copy  | <input type="checkbox"/> Photocopies        | <input type="checkbox"/> CUS       |
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| <input checked="" type="checkbox"/> Walk in  | <input checked="" type="checkbox"/> Pick-up | <input type="checkbox"/> Will Wait |

Please Return Filed Stamped  
Copies To:

Jeffrey Butterfield

Thank You!

RECEIVED  
00 DEC -5 AM 11:18  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12/5

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. nSpired Natural Foods, 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

(State or country under the law of which it is incorporated)

3. 93-1273484

(FEI number, if applicable)

4. 7-9-99

(Date of incorporation)

5. perpetual

(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. 14855 Wicks Blvd., San Leandro, CA 94577

(Principal office address)

14855 Wicks Blvd., San Leandro, CA 94577

(Current mailing address)

8. Any lawful act or activity.

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.*

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

Connie Bryan

(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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SECRETARY OF STATE

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

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Edward D. Truslow

Address: 100 Ring Road, Suite 214

Garden City, NY 11530

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Eric Zitelli

Address: 14855 Wicks Blvd

San Leandro, CA 94577

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Robert R. Kaplan

Address: 629 E. Main Street, Suite 1200, Richmond, VA 23219

Treasurer: Edward D. Truslow

Address: 100 Ring Road, Suite 214, Garden City, NY 11530

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

13. 

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

14. Edward D. Truslow, Treasurer

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*State of Delaware*  
*Office of the Secretary of State*

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PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NSPIRED NATURAL FOODS, LLC" 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 TENTH DAY OF NOVEMBER, A.D. 2000.


AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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\_\_\_\_\_  
Edward J. Freel, Secretary of State  
AUTHENTICATION: 0785701

DATE: 11-10-00

FILED  
00 DEC -5 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA