

F00000006928

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Healthwise Cooking Systems, INC. **MJH**  
(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:

Bruce Quarantello **600003492396--S**  
(Name of Person) **-12/08/00--01106--002**  
Healthwise Cooking Systems, INC  
(Firm/Company) **\*\*\*\*\*70.00 \*\*\*\*\*70.00**  
1659 Vista Lake Circle  
(Address)  
West Melbourne, FL 32904  
(City/State and Zip code)

For further information concerning this matter, please call:

Bruce Quarantello at (321) 951-2562  
(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

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RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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. Healthwise Cooking Systems, 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. Oregon 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Sept 23, 1995 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. 1659 Vista Lake Circle, West Melbourne, FL 32904  
(Principal office address)  
Same  
(Current mailing address)
8. Direct Sale of Cookware  
(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: Bruce Quarantello  
Office Address: 1659 Vista Lake Cir  
West Melbourne, FL Florida 32904  
(City) (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.*

Bruce Quarantello  
(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  
DIVISION OF CORPORATIONS

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

A. DIRECTORS

Chairman: Bruce Quarantello

Address: 1659 Vista Lake Circle  
W. Melbourne, FL 32904

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

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

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

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

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

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

B. OFFICERS

President: Bruce Quarantello

Address: 1659 Vista Lake Circle  
W. Melbourne, FL 32904

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

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

14. Bruce Quarantello  
(Typed or printed name and capacity of person signing application)

CERTIFICATE

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

I, **BILL BRADBURY**, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

**HEALTHWISE COOKING SYSTEMS, INC.**

was  
incorporated  
under the Oregon  
**Business Corporation Act**  
on  
**September 23, 1995**  
and is active on the records of the Corporation Division as  
of the date of this certificate.

*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*

**BILL BRADBURY**, Secretary of State



By

*Debra L. Virag*

Debra L. Virag

November 21, 2000