F0100000 2140

TRANSMITTAL LETTER

TO: Registration Se Division of Cor		
SUBJECT: HER	ITAGE HEALTH PRODUCTS COMPANY	
	(Name of corporation - must include suffix)	
Dear Sir or Madam:	(Name of corporation - must include suffix) Ration by Foreign Corporation for Authorization to Transact Business in Florida", nee", and check are submitted to register the above referenced foreign corporation in Florida. Spondence concerning this matter to the following: Don J. Daniel (Name of Person) Heritage Health Products Company (Firm/Company) 400 Link Lane (Address) Fort Collins, CO 80524 (City/State and Zip code) a concerning this matter, please call: MAILING ADDRESS: Registration Section	
The enclosed "Applicating "Certificate of Existence to transact business in F	e", and check are submitted to register the above referenced foreign corporation	
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•	(Address)	≓ শৃষ্ঠ ও
	(City/State and Zip code)	
For further information c	concerning this matter, please call:	
Don J. Daniel	at (970) 484–7120	
(Name of Persor		y si
STREET ADDRESS:		- -
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
109 E. Gaines St. Fallahassee, FL 32399	P.O. Box 6327	
ananassee, 1 <u>L</u> 32399	Tallahassee, FL 32314	
Enclosed is a check for th	ne following amount:	th
\$ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy	th 1/23



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 26, 2001

DON J DANIEL 400 LINK LANE FORT COLLINS, CA 80524

SUBJECT: HERITAGE HEALTH PRODUCTS COMPANY

Ref. Number: W01000006686

We have received your document for HERITAGE HEALTH PRODUCTS COMPANY and your check(s) totaling \$70.00. 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 cal (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 501A00017998

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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.

		3_	84-1229228		
State or countr	y under the law of which it is incorp	orated)	(FEI number, if app	olicable)	
4/23/93		5.	Perpetual		
(Date	e of incorporation)	 -	(Duration: Year corp. will cease to	o exist or "perpetual")	
March 1,	2001				
ate first transa	cted business in Florida. If corporat	ion has not	transacted business in Florida, insert	"upon qualification.")	
	(SEE SECTION	S 607.1501,	607.1502 and 817.155, F.S.)		
7315 Wes	t Flager Street, Miami,	Florida	33126		
	(Principal	office addr	ess)		
400 Nort	h Link Lane, Fort Colli	ns, Colo	rado 80524		
		nailing addr			
Wholesal	es 37142				
(Purpose(s	s) of corporation authorized in home	state or cou	intry to be carried out in state of Flor	rida) = O	
			may to be earlied out in state of 1 to	(1000) _ (7)	
lama and atm				三种 三	
ame and stre	eet address of Florida registere		P.O. Box or Mail Drop Box NO	三种 三	
lame and <u>stre</u> Name: _				Tacceptable)	
Name: _	eet address of Florida registere Virginia Padilla			Tacceptable)	
	eet address of Florida registere			Tacceptable)	
Name: _	eet address of Florida registere Virginia Padilla		P.O. Box or Mail Drop Box NO	Tacceptable) AR 23 PH 9	
Name: _	eet address of Florida registere Virginia Padilla 7315 West Flager St.		P.O. Box or Mail Drop Box <u>NO'</u>	Tacceptable)	
Name: _ e Address: _	virginia Padilla 7315 West Flager St. Miami (City)		P.O. Box or Mail Drop Box <u>NO'</u>	Tacceptable) AR 23 PH 9	
Name: _ e Address: Registered ag	eet address of Florida registere Virginia Padilla 7315 West Flager St. Miami (City) gent's acceptance:	d agent: (P.O. Box or Mail Drop Box NO	Tacceptable) April 23 PH 9 29	
Name: e Address: Registered aging been nam	virginia Padilla 7315 West Flager St. Miami (City) gent's acceptance: ed as registered agent and to ac	d agent: (P.O. Box or Mail Drop Box NO , Florida	Tacceptable) April 23 PH 9 29 Corporation at the ph	lace
Name: _ e Address:	virginia Padilla 7315 West Flager St. Miami (City) gent's acceptance: ed as registered agent and to ac application, I hereby accept the	d agent: (P.O. Box or Mail Drop Box NO	Tacceptable) Tacceptable) 23 Corporation at the place to act in this capacity	itv. T

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. DIRECT				
	Karl Schakel			
Address:	400 North Link Lane Fort Collins, CO 80524		· · ·	
Vice Chairma	n: Wayne Harding			
Address:	4824 Briar Ridge Ct Boulder, CO 80301		···	<u> </u>
oirector:	Dan Faller			
	Dan Faller 6//5 Sepulyoda Blyd St. 200 H. T.			
duress.	6445 Sepulveda Blvd., Ste 300 Van Nuys, CA 9141			
ddress:				<u>190.4.</u>
		, and -	·	
. OFFICE	RS			
resident:	Karl G. Schakel			,
ddress:	400 North Link Lane			
	Fort Collins, CO 80524	<u> </u>	3	
		EP 1	3 7	
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ddress:	territoria de la compansa de la comp			
		The second secon	<u></u>	 :
ecretary:	Sherry Phelan	و المالية	<u>S</u>	
ddress:	400 North Link Lane Fort Collins, CO 80524			
reasurer:				_ :_ _ :
		<u> </u>		<u> </u>
OTE: If ne	cessary, you may attach an addendum to the application listing additional offi	cers and/or d	irectors.	
3	Janus Tholan			
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12	of the applic	ation)	
•	Sherry Phelan, Secretary			

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



STATE OF COLORADO

DEPARTMENT OF STATE

CERTIFICATE

I, DONETTA DAVIDSON, SECRETARY OF STATE OF THE STATE OF COLORADO HEREBY CERTIFY THAT

ACCORDING TO THE RECORDS OF THIS OFFICE

HERITAGE HEALTH PRODUCTS COMPANY (COLORADO CORPORATION)

FILE # 19931043250 WAS FILED IN THIS OFFICE ON April 23, 1993
AND HAS COMPLIED WITH THE APPLICABLE PROVISIONS OF THE
LAWS OF THE STATE OF COLORADO AND ON THIS DATE IS IN GOOD
STANDING AND AUTHORIZED AND COMPETENT TO TRANSACT BUSINESS
OR TO CONDUCT ITS AFFAIRS WITHIN THIS STATE.

Dated: March 22, 2001

Donetta Davidson

SECRETARY OF STATE