

FOI 0000005604

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Supplement Technologies Inc.
(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:

BRIAN COTUGNO

(Name of Person)

Supplement Technologies Inc.
(Firm/Company)

4400 N. Federal Hwy Suite 210
(Address)

BOCA RATON

33431

(City/State and Zip code)

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For further information concerning this matter, please call:

BRIAN COTUGNO
(Name of Person)

at (561) 750-7657
(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

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

FILED
01 OCT 25 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FL 32314

mtu
10/29

**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. Supplement Technologies 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 3. 65-1042120
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/14/2000 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. 4400 N. FEDERAL Hwy Suite 210-14 Boca Raton, FL 33431
(Principal office address)
Same as above
(Current mailing address)
8. CONSULTING FIRM (Pharmaceutical Technology)
(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: BRIAN COTUGNO
Office Address: 4400 N. FEDERAL Hwy. Suite 210-14
BOCA RATON, Florida 33431
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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: BREAN COTOQUO

Address: 6751 ROYAL ORCHARD CIRCLE

DELRAY BCH., FLORIDA 33446

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: SAME AS ABOVE

Address: " "

B. OFFICERS

President: BREAN COTOQUO

Address: 6751 ROYAL ORCHARD CIRCLE

DELRAY BCH., FLORIDA 33446

Vice President: SAME

Address: _____

Secretary: SAME

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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. _____

BREAN COTOQUO (PRES./SECT./TREAS.)
(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUPPLEMENT TECHNOLOGIES, 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 TWENTY-SECOND DAY OF OCTOBER, A.D. 2001.

FILED
01 OCT 25 PM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1403152

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DATE: 10-22-01