

CT CORPORATION

F62000001072

CORPORATION(S) NAME

SLW Enterprises Inc.

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02 FEB 28 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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02/28/02 01858-009
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<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
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Name _____
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Examiner _____
Updater _____
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W.P. Verifier _____

2/28/02

Order#: 5148584

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

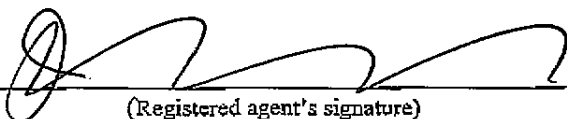
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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TALLAHASSEE, FLORIDA

1. SLW Enterprises 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. Washington 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 22, 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. c/o 1601 Fifth Avenue, Suite 2100, Seattle, WA 98101
(Principal office address)
c/o 1601 Fifth Avenue, Suite 2100, Seattle, WA 98101
(Current mailing address)
8. Market nutritional products
(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: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.


(Registered agent's signature)

Jack Caskey, Asst. Vice President

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Barry Alter

Address: 4015 Palm-Aire Drive West, #1002

Pompano Beach, FL 33069

Director: Rheal Cote

Address: 4015 Palm-Aire Drive West, #1002

Pompano Beach, FL 33069

B. OFFICERS

President: Barry Alter

Address: 4015 Palm-Aire Drive West, #1002

Pompano Beach, FL 33069

Vice President: _____

Address: _____

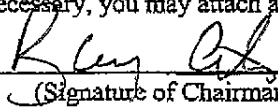
Secretary: Barry Alter

Address: Same as above

Treasurer: Barry Alter

Address: same as above

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. BARRY ALTER PRESIDENT
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE of WASHINGTON



SECRETARY of STATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal

hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

SLW ENTERPRISES INC.

I FURTHER CERTIFY that the records on file in this office show that the
above named profit corporation was formed under the laws of the
State of Washington and was issued a Certificate of Incorporation
in Washington on March 22, 2000.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution
have been filed, and that the corporation is duly authorized to
transact business in the corporate form in the State of Washington.



Date: February 13, 2002

Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Sam Reed

sm
Sam Reed, Secretary of State