

TRANSMITTAL LETTER

TO: Registration Se Division of Co				·
	honer Power	lua		
SUBJECT:		ration - must include suffix)		
Dear Sir or Madam:				
	ian by Famion Communica	for Authorization to Tunnant F	Duningan in Filmida?	
	e", and check are submitted	for Authorization to Transact I to register the above reference		
Please return all corres	condence concerning this man	atter to the following:		
	(Nam	e of Person)		
In	ator Power 1.	Wc.		
		/Company) SO	000550375 -05/10/020108	9NNS
<i>y</i>	(A	Address)	*****78.75 ***	#*18.15
Boll	SE FDAHO (City/St.	83705		-
	(City/St	ate and Zip code)		
For further information Russ Dele	concerning this matter, plea	rea Code & Daytime Telephone	SECR TALL	-
(Name of Pers	on) (Ar	rea Code & Daytime Telephone	10 NRY OF SSEE,	<u> </u>
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	PH 4: 18 F STATE FLORIDA	<u>.</u>
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	3 \$87.50 Filing Fee, Certificate of Status & Certified Copy	&
189/1024/694/	547/671		N	1424





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 16, 2002

RUSS DELUCA 851 VISTA AVE BOISE, ID 83705

SUBJECT: HIGHER POWER INC Ref. Number: W02000014241

We have received your document for HIGHER POWER INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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 call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 502A00031338

O2 JUN 10 PM 4: 18
SECRETARY OF STATE
TALLAHASSEF FI OBINA

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. HIGHER POWER 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. Figure 2. State or country under the law of which it is incorporated) 3. S2-0523634 (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Ap2/L 7 2000 5. PEPPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
110 1 0
(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. 851 VISTA AUE BOTSE TO ATTO 83705 (Principal office address)
(Principal office address)
851 VISTA AUG BUTSE FDATED 83705
(Current mailing address)
DISTRIBUTED IN 1117 - 2010 100 100 100
8. DISTRIBUTION OF NUTRITIONAL SUPPLEMENTS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(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)
(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)
(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: ENOCH HEILESON Office Address: 1950 NO27H POINT BLUD \$\frac{1}{2}\$ 102
(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: ENOCH HEILESON Office Address: 1950 NO27H POINT BLUD \$\frac{1}{2}\$ 102
(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)
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(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: ENOCH HEILESON Office Address: 1950 NO27H powr BLVD #102 IMAGE OF SECOND TO

12. Name	s and business addresses of officers and/or directors:					
A. DIREC	Rymi Defuca		-			
Chairman:	PRAMI DEFUCH		-	<u> </u>	 ,	
Address: _	F51 VISTA AVE					
	BOTSE, FORHO 83705					
Vice Chairr	man: Jereny Debuen					
Address: _	851 VISTA AVE			.	. <u> </u>	<u> </u>
	BOISE IDAHO 83705					
Director: _	BRYNA DELUCA		<u>. </u>	·		
Address:	851 VISTA AUG.		· ·			
1,444,600, _	BOISK FIMED 83785					
Director:	ROBINT R. Deloca	-		- 4	-	
Address:	851 VISTA AUG					
	BOSS, FOMTO 83715	<u>,</u>			 	
B. OFFI	CEBC			i .		
D. 0112	Rymi Debuin			ALL ALL	02	
President:				AHA AHA	NU SEUC	<u> </u>
Address: _	851 VISTA AUG		-	\$2.50 \$2.50 \$3.50	10	
-	BUSE IDANO 83705			<u> </u>	孑	"
Vice Presi	dent: Journy De Luca	· · ·		<u> </u>	-	
Address:	651 VISTA AVE		-	<u>Pri</u>	<u> </u>	
				<u> </u>		
Secretary:	BRYNA DEFULA			<u>.</u>		<u></u>
Address:	851 VISTA AND BOIST, IDON	10	83715			
	Posin - R. Dulyun		±- ·-	. <u> </u>		
Treasurer:	1-1 WEDD MIT BOILE DATE		83701		·	
Address:	811 01311. 112 \$1150 , 25111.	 -			·	
NOTE:	If necessary, you may attach an addendum to the application listing	additi	onal officers	s and/or	direc	tors.
13	Kundh	· ·			· ·	
	(Signature of Chairman, Vice Chairman, or any officer listed					
14	OBERT R. DEWER THORSUNER	<u>. </u>	-liention)			
	(Typed or printed name and capacity of person signi	mg abl	parcation)			

State of Idaho

Office of the Secretary of State

OF HIGHER POWER, INC.

File Number C 133430

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the record of this office show that the above-named corporation was incorporated under the laws of Idaho on 7 April 2000.

I FURTHER CERTIFY That the corporation is in goodstanding on the records of this office.

Dated: 3 May 2002



Pet M Cenarrusa SECRETARY OF STATE

By Mal & Stylmon