F0200004201

TRANSMITTAL LETTER

TO: Registration S Division of Co		000007171	
2) 4.4	RTER HEALTH CORPORATION	-08/16/02C	11065002
SUBJECT: SMA		*****70.00	******70.00 —
	(Name of corporation - must inclu	ide suffix)	
Dear Sir or Madam:			•
The enclosed "Applica "Certificate of Existen to transact business in	tion by Foreign Corporation for Authorization ce", and check are submitted to register the abortion.	to Transact Business in Florida ove referenced foreign corporation	Alle to the six of the
Please return all corres	pondence concerning this matter to the follow	ing:	, ()
Allen L. Weber		, S	9. 19.
	(Name of Person)		199 E
SMARTER HEAL	TH CORPORATION		%()4,
	(Firm/Company)	<u> </u>	- · · · · · · · · · · · ·
9048 Spindletree			
OUTO Opinaleties			
	(Address)		
Jacksonville, FL (32256	· ·	,
	(City/State and Zip code)		_
For further information	concerning this matter, please call:	-	
Allen L. Weber			
	at (519-005		g 2 2 2
(Name of Perso	on) (Area Code & Daytim	ne Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 632 Tallahassee, I	Section Corporations 17	
Enclosed is a check for t	the following amount:		
☑ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Certificate of Status ☐ Certified Cop		&

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN R.	V COMPLIAN EGISTER A 1	NCE WITH SECTION 607.1503, FLORID FOREIGN CORPORATION TO TRANSA	A STATUTES, THE FOLLOWING T BUSINESS IN THE STATE O	G IS SUBMITTED TO	^
1.		ER HEALTH CORPORATION			% ~.
	(Name of cor words or abbi	poration; must include the word "INCORPOR reviations of like import in language as will clar or partnership if not so contained in the name	arly indicate that it is a componentian.	ATION" or instead of a	
2.	DEL		₃ 2 <u>2-</u> 3859191	Ż	1992 8
	(State or count	ry under the law of which it is incorporated)	(FEI number, if a		09/01/2
4,		0, 2002	PERPETUAL	· · · · · · · · · · · · · · · · · · ·	- U-
		ate of incorporation)	(Duration: Year corp. will ceas	se to exist or "perpetual")	
6.		QUALIFICATION			÷ .
(sacted business in Florida. If corporation has (SEE SECTIONS 607.1)	ot transacted business in Florida, in 01, 607-1502 and 817.155, F.S.)	sert "upon qualification.")	
7	9048 SF	PINDLETREE WAY JACKSONVILL	E FL_32256		
		(Principal office a		35 2.0	1 mg
_	9048 SP	INDLETREE WAY JACKSONVILL	E FL 32256	. <u></u>	
		(Current mailing a	dress)	·/ Marie	1 <u>*</u>
8	RETAIL A	ND WHOLESALE HEALTH PROD (s) of corporation authorized in home state or	JCTS	alu -	
	(Purpose	(s) of corporation authorized in home state or	ountry to be carried out in state of I	Florida)	
9. 1		reet address of Florida registered agen			
	Name:	ALLEN L. WEBER	- (1.0. Box of Mail Diop Box I	iOI acceptable)	
	name:			1 Jan San	21.0
Offi	ce Address:	9048 SPINDLETREE WAY	= = = = = = = = = = = = = = = = = = =		·····
		JACKSONVILLE	32256	-	
		(City)	Zip code)		
Hav desiş furtl	ing been nan gnated in this her agree to c	gent's acceptance: ned as registered agent and to accept ser s application, I hereby accept the appoin comply with the provisions of all statutes familiar with and accept the obligations	ment as registered agent and ag	gree to act in this capacity	ce v. I
		Aller	ノ 🚊	<u>.</u>	

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.

(Registered agent's signature).

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

A. DIRI	ECTORS				
Chairman	ALLEN L. WEBER	· · · · · · · · · · · · · · · · · · ·	_	و	
	9048 SPINDLETREE WAY		9/2	By A	-
	JACKSONVILLE FL 32256	<u>=</u> .	- 7		
Vice Chai	rman: _JUN TANG			7,65. 14	``Ø
	9048 SPINDLETREE WAY				Q.
,	JACKSONVILLE FL 32256				
Director:	4754 5.55		- 10E		ָלָני ַ
Addicss.	· · · · · · · · · · · · · · · · · · ·				ile i laz
- Dina at	<u> </u>				
	· ·				
Address: _					
-			i ner	<u> </u>	. :
B. OFFI					
	JUN TANG	1	<u></u>	. · ·	
Address: _	9048 SPINDLETREE WAY JACKSON	VILLE FL 32256	<u> </u>		
_					
Vice Presid	ent: _ALLEN L. WEBER				
Address:	9048 SPINDLETREE WAY JACKSON		<u> </u>		. 78
-		***		<u> </u>	
ecretary:	ALLEN L. WEBER	Aprille California	,		
	9048 SPINDLETREE WAY JACKONSV		<u> </u>	***	مية · 1
			<u> </u>	<u> </u>	, ^{শিক্ষ} ে হৈ , শিক্ষ
	. 3		·		. 2
.ddress:		7			Articles Control
OTE: If	necessary you may attach an addardure to the				
	necessary, you may attach an addendum to the	application listing additiona	officers and/or director	ors.	
3	(Signature of Chairman, Vice Chairman, o	or any officer listed in number	r 12 of the application	<u> </u>	
4 VI	CE CHAIRMAN, PRESIDENT	- :=-	- "-		
	(Typed or printed name and capac	ity of person signing applica	tion)	-	,

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SMARTER HEALTH CORPORATION" 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 TWELFTH DAY OF JULY, A.D. 2002.



3544305 830 020447976

Varriet Smith Hindson
Harrier Smith Windson Secretary of States 2

DATE: 07-12-02