

F02000004436

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I HEALTH, 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 S. JOHN
(Name of Person)
I Health, Inc.
(Firm/Company)
20283 State Road 7, Suite 300 BK
(Address)
BOCA RATON FL 33498
(City/State and Zip code)

For further information concerning this matter, please call:

Brian John at (561) 487-3658
(Name of Person) (Area Code & Daytime Telephone Number)

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*****78.75 *****78.75

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

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

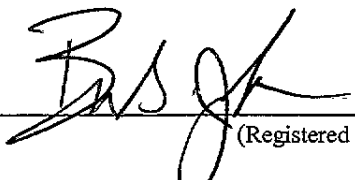
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

FILED
AUG 28 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. IHealth Inc.
(Name of corporation; must include the words "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. 13-4204191
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 2, 2002 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. 20283 State Road 7, Suite 300, Boca Raton, FL 33498
(Principal office address)
20283 State Road 7, Suite 300, Boca Raton FL 33498
(Current mailing address)
8. Discounted Distribution of Health+ 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: Brian John
Office Address: 20283 State Rd. 7 Suite 300
BOCA RATON, Florida 33498
(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)

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: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Brian John

Address: 20283 State Road 7, Suite 300, Boca Raton FL 33498

Vice President: Richard MILLER

Address: 20283 State Road 7, Suite 300, Boca Raton FL 33498

Secretary: FRANK Benevento

Address: 20283 State Road 7, Suite 300, Boca Raton FL 33498

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Brian S. John
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Brian S. John, President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

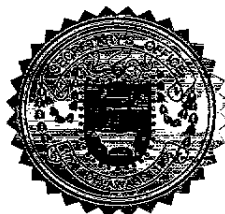
Delaware

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "IHEALTH 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-SIXTH DAY OF AUGUST, A.D.
2002.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1953537

DATE: 08-26-02