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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	SECULAR TO		
SUBJECT: TEW NUTRICEUTICA (Name of corporation)	NS. INC SS 3 E		
Dear Sir or Madam:	STATE OF THE STATE		
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.			
Please return all correspondence concerning this matter	r to the following:		
SARA CARLOZZI			
(Name of	f Person)		
TEW NUTRICENTICALS IN (Firm/Co			
66 N. HOLIDAY RD	impany)		
(Add	ress)		
DESTIN , FL 32550			
(City/State and Zip code)			
For further information concerning this matter, please call:			
SARA (ARLOZZI at (850	) 269-2277		
(Name of Person) (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:			
Certificate of Status	1. \$78.75 Filing Fee &  Certified Copy  S87.50 Filing Fee, Certificate of Status &  Certified Copy		
+ 3 Certificate of Status \$96.25			

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

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STAT REGISTER A FOREIGN CORPORATION TO TRANSACT BUS	TUTES, THE FOLLOWING IS SUBARTITED TO SINESS IN THE STATE OF FLORIDA		
1. TEW NUTRICEUTICALS, INC (Name of corporation; must include the word "INCORPORATED" words or abbreviations of like import in language as will clearly inc natural person or partnership if not so contained in the name at pres	licate that it is a corporation instead of a		
2. ARKANSAS 333.	58-2388901 Em 5		
4 <b>266866</b> 2/13/1991 5.	PERPETUAL		
(Date of incorporation) (D	uration: Year corp. will cease to exist or "perpetual")		
(Date first transacted business in Florida. If corporation has not tran (SEE SECTIONS 607.1501, 60	sacted business in Florida, insert "upon qualification.") 7.1502 and 817.155, F.S.)		
7. 66 N. HOLIDAY RD. DESTIN (Principal office address)	FL 32550		
SAME (Current mailing address)			
8. NUTRICEUTICALS DISTRIBUTOR (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: THOMAS E. WILLIAMS	<b>-</b>		
Office Address: 66 N. HOLIDAY RD	<b>_</b>		
<u>DESTIN</u> (City)	_ , Florida <u>32550</u> (Zip code)		
10. Registered agent's acceptance: Having been named as registered agent and to accept service of designated in this application, I hereby accept the appointment further agree to comply with the provisions of all statutes related duties, and I am familiar with and accept the obligations of many contents.	t as registered agent and agree to act in this capacity. I tive to the proper and complete performance of my		
* Aldhe.			
(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: THOMAS E. WILLIAMS	
Address: 4654 SUNSAIL CIR	0,
DESTIN, FL 32541	PEG L TI
Vice Chairman: DR. GERALD ROBERTSON	3 5
Address: 6200 CYPRESS ST	SERIE TO
W. MONROE, LA 7/29/	FLOST 9
Director: AIMEE TITUS	
Address: 95 BAY GROVE	
FREEPORT, FL 32439	
Director: SARA CARLOZZI	
Address: 2780 ROSEMONT DR	
NAVARRE, FL 32566	
B. OFFICERS	
President: THOMAS E. WILLIAMS	
Address: 4654 SUNSAIL CIRCLE	
DESTIN, FL 32541	
Vice President:	
Address:	•
Secretary: AME TITOS	<u>-</u> .
Address: 95 BAY GROVE, PRESPORT, PL	
Treasurer: SARA CARLOZZI	
Address: 2780 KOSEMONT DR. NAVARRE,	The state of the s
, , , , , , , , , , , , , , , , , , , ,	
NOTE: If necessary, you may attach an addendum to the application listing add	litional officers and/or directors.
* 13. (Signature of Chairman, Vice Chairman, or any officer listed in	number 12 of the englication)
14. THOMAS E. WILLIAMS, PRESIDENT	number 12 of the application)
(Typed or printed name and capacity of person signing a	application)



## **Arkansas Secretary of State Charlie Daniels**

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501.682.3409

FILED

SEUNINGER FLORIDA

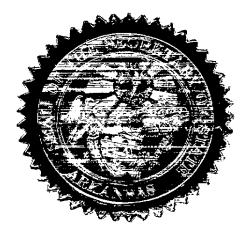
### **CERTIFICATE OF GOOD STANDING**

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

### TEW NUTRICEUTICALS, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office February 26, 1991.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 23rd day of January 2003.

Chati Vand

Charlie Daniels Secretary of State

y: AKCHANCE