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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

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FOREIGN PROFIT QUALIFICATION

GNC Franchising, Inc.

Certificate of Status	0
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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.

2. Pennaylvania	y under the law of which it is incorpor	3	(FEI number, if applicable)	
(Signs or solution	A minor day and da willest to a mondon		(I'DI manuel, il appressio)	
	te of incorporation)	5. Perpetual	ear corp. will cease to exist or	
· ·	•	(constant t	ear corp. will come to excer of	berberest)
Upon Qualifit				
(Date first trans	acted business in Plorida. If corporati (SEE SECTIONS	ion has not transacted bus 3 607.1501, 607.1502 and		ualification."
7. 300 S	ixth ave., Pittsburgh,)	PA 15222		
-	(Principal	office address)	, , , , , , , , , , , , , , , , , , , ,	
same				
	(Current m	uiling address)		
	esil Sales. (s) of corporation authorized in home	state or country to be carr	izd out in state of Florida)	
(Ригром	r(s) of corporation authorized in home		_	table)
(Purpose	r(s) of corporation authorized in home reet address of Florida registere		_	table)
(Purpose	r(s) of corporation authorized in home		_	table)
(Purpose 9. Name and st Name:	r(s) of corporation authorized in home reet address of Florida registere		_	table)
(Purpose). Name and st Name:	r(s) of corporation authorized in home reet address of Florida registere c/o C T Corporation System 1200 South Pine Island Road	d agent: (P.O. Box or	Mail Drop Box <u>NOT</u> accep	table)
(Purpose 9. Name and st Name:	r(s) of corporation authorized in home reet address of Florida registere c/o C T Corporation System 1200 South Pine Island Road Plantation		Mail Drop Box <u>NOT</u> accep	table)
(Purpose 9. Name and st Name:	r(s) of corporation authorized in home reet address of Florida registere c/o C T Corporation System 1200 South Pine Island Road	d agent: (P.O. Box or	Mail Drop Box <u>NOT</u> accep	table)
(Purpose). Name and a Name: Office Address:	r(s) of corporation authorized in home reet address of Florida registere c/o C T Corporation System 1200 South Pine Island Road Plantation	d agent: (P.O. Box or	Mail Drop Box <u>NOT</u> accep	table)
(Purpose). Name and st Name: Office Address: 0. Registered Having been na	rest address of Florida registere t/o C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to ac	d agent: (P.O. Box or , Plorida	Mail Drop Box <u>NOT</u> accept 33324 (Zip code)	ation at the
(Purpose). Name and st Name: Office Address: O. Registered Taving been na lesignated in th	rest address of Florida registere c/o C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to ac is application, I hereby accept the	d agent: (P.O. Box or , Florida , Florida cept service of process appointment as regist	Mail Drop Box <u>NOT</u> accep 33324 (Zip code) for the above stated corpor	ation at the
(Purpose). Name and st Name: Office Address: O. Registered Taving been na lesignated in th further agree to	reet address of Florida registere c/o C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to ac is application, I hereby accept the comply with the provisions of all	d agent: (P.O. Box or , Plorida cept service of process appointment as regist statutes relative to the	Mail Drop Box <u>NOT</u> acception and agree to act proper and complete performance	ation at the
(Purpose P. Name and ag Name: Office Address: 10. Registered Having been na iesignated in th further agree to	rest address of Florida registere c/o C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to ac is application, I hereby accept the	d agent: (P.O. Box or , Plorida cept service of process appointment as regist statutes relative to the	Mail Drop Box <u>NOT</u> acception and agree to act proper and complete performance	ation at the
(Purpose Purpose Name and ag Name: Office Address: Office Address: Office Address: Office Address:	ret address of Florida registere c/o C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to ac is application, I hereby accept the comply with the provisions of all familiar with and accept the obli	d agent: (P.O. Box or , Plorida cept service of process appointment as regist statutes relative to the	Mail Drop Box NOT acception and agree to act proper and complete performs registered agent.	ation at the in this cap mance of n
(Purpose P. Name and ag Name: Office Address: 10. Registered Having been na iesignated in th further agree to	reet address of Florida registere c/o C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to ac is application, I hereby accept the comply with the provisions of all	d agent: (P.O. Box or , Plorida cept service of process appointment as regist statutes relative to the	Mail Drop Box <u>NOT</u> acception and agree to act proper and complete performance	ation at the in this capt mance of h

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: SEE ATTACHMENT Address: ___ Vice Chairman: ___ Address: _ Director: _ Address: _____ Director: _ Address: ___ B. OFFICERS President SEE ATTACHMENT Vice President: Secretary: _ Address: __ Address: NOTE: If necessary, you may attach an adjendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. James M. Sander, Vice President (Typed or printed name and capacity of person signing application)

ATTACHMENT

GNC Franchising, Inc.

Directors:

Name	Address
Michael Meyers	300 Sixth Ave., Pittsburgh, PA 15222
James Sander	300 Sixth Ave., Pittsburgh, PA 15222
Dave Heilman	300 Sixth Ave., Pittsburgh, PA 15222

Officers:

Name/Office	Address
Michael Meyers- President	300 Sixth Ave., Pittsburgh, PA 15222
James Sander- Vice President	300 Sixth Ave., Pittsburgh, PA 15222
James Sander-Secretary	300 Sixth Ave., Pittsburgh, PA 15222

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

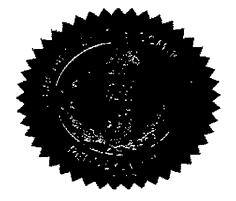
November 10, 2003

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING!

I DO HEREBY CERTIFY THAT,

GNC FRANCHISING, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Vedo L. Julies

Secretary of the Commonwealth

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