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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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FILED STATE OF CORPORATIONS



TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SURFECT. PUZZ EJSENCE LATE | BOILATORIES IN | ie |
| SUBJECT: PUZE EJSENCE LATE (Name of corpora | ation - must include suff | ix) |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted transact business in Florida. | | |
| Please return all correspondence concerning this man | tter to the following: | 1 1911-11/69 |
| PURE ESSENCE LATTON (Firm) | / | W04-14669 |
| (Name | e of Person) | |
| PURE ESSENCE LATTOR | PATORIES, , NO | <u>-</u> |
| (Firm/ | (Company) | |
| PODQ 9539 (A LAS VEGAS A J (City/Sta | 7 | _0 = |
| (A | ddress) | SED SED |
| LAS VEGAS AU | 89193 | APR 26 |
| (City/Sta | ate and Zip code) | 26 |
| For further information concerning this matter, please | se call: | 6 PH 2: 36 |
| AHN RUBINSTEIN at (70) (Name of Person) (Ar | 2 990-740 | ephone Number) |
| (Name of Ferson) | ca code & Day inite 1ci. | priorie (valueer) |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 | MAILING ADDR Registration Section Division of Corport P.O. Box 6327 Tallahassee, FL 32 | n ations |
| 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 |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 15, 2004

ALAN RUBINSTEIN PURE ESSENCE LABORATORIES, INC. PO BOX 95397 LAS VEGAS, NV 89193

SUBJECT: PURE ESSENCE LABORATORIES, INC.

Ref. Number: W04000014669

We have received your document for PURE ESSENCE LABORATORIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 504A00024961

FROM : DBARBASH PRKOPHARMA

FAX NO. :5617909237

Apr. 05 2004 10:35AM P1

PAME 02/02

04/02/2004 15:26 7029907405

PURE ESSENCE LABS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED 10 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

| vill cease to exist or "perpetual") orids, insert "upon qualification.") P.S.) State of Florida) | The control of the law of which it is incorporated) The control of incorporation of the law of which it is incorporated (PEI number. If applicable) The control of incorporation of the law of which it is incorporated (Duration: Year corp., will cease to exist or "perpetual") What of incorporation of the corporation has not transacted business in Florida, insert "upon qualification.") ate 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.) 1999 WHITNEY MESA DA 572 A HEWILLIAM NO SAOIY (Principal office address) (Principal office address) SALS OF NOTAITMAN PUPALIFIEMS (Current mailing address) SALS OF NOTAITMAN PUPALIFIEMS (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) ance and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: David Barbash Readdress: 1876 2 9 2 rd R. A. N. | 7/3: /97 (Date of incorporation) 5. (Du | ration: Year corp. will cease to exist or "perpetual") | |
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| vill cease to exist or "perpetual") orids, insert "upon qualification.") P.S.) State of Florida) | (Date of incorporation) (Duration: Year cosp., will coase to exist or "perpetual") (Down GUALITICATION are first transacted business in Florids. If corporation has not transacted business in Florids, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) [999 WHITNEY MESA DR - 571 A HENDLASON NN 8-9014 (Principal office address) (Principal office address) (Current mailing address) SALS OF NOTRITIONAL SUPPLIFICATS (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) anne and atreet address of Florids registered agent: (P.O. Box or Mail Orop Box NOT acceptable) Name: David Barbash | 7/3: /97 (Date of incorporation) 5. (Du | ration: Year corp. will cease to exist or "perpetual") | |
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| | Loxahabhee , Florida 23470 | Name and street address of Florida registered agent: (P.O. | Box or Mail Drop Box NOT acceptable) | • |
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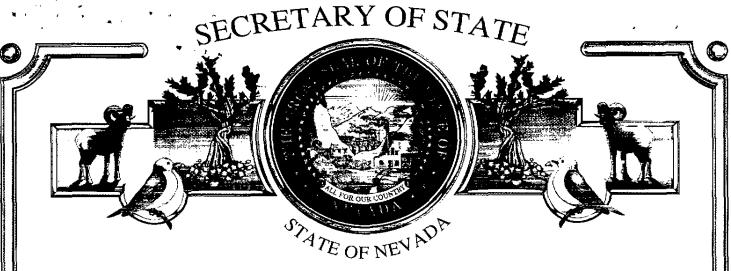
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

(Registered agent's signature)

A. DIRECTORS Chairman: Address: Vice Chairman: Address: __ Director: ___ Address: ____ **B. OFFICERS** President: ALAN TZUBINSTEIN Address: 8860 AURORA LIGHT WAY LU, NU 89/23 Vice President: 5 Am & Address: ____ Secretary: SAME Address: ____ Treasurer: SAME. Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. _____ (Signature of Director or Officer listed in number 12 of the application) ALAN RUBINSTEIN PRESIDENT

(Typed or printed name and capacity of person signing application)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, PURE ESSENCE LABORATORIES, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of State of Nevada since July 31, 1997, and is in good standing in this state.

Ву

IN WITNESS WHEREOF, I have hereunto set my hard and affixed the Great Seal of State, at my office in 另只Carson City, Nevada, on March 24, 2004.

DEAN HELLER Secretary of State

Dear Helle

Certification Clerk

