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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

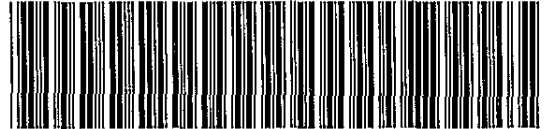
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Nevada Corporate Center, Inc.

2248 Meridian Boulevard, Suite H
Minden, Nevada 89423

775-782-2201 - Main
877-683-9343 - Main -Toll Free
775-824-0105 - FAX
775-284-7162 - Cammie Direct

June 9, 2005

Secretary of State Florida
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Orange Tree Therapies, Inc.

Dear Clerk:

Enclosed for filing please find Application for Authorization for the above-captioned entity. Also enclosed please find a check to cover the filing fees. Once filed, please provide confirmation of the filing at your earliest opportunity. For your convenience, you may return by Federal Express and bill to our account - 2353 3074 1.

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to give me a call.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cammie Warburton', with a large, stylized initial 'C'.

Cammie Warburton
Account Representative

:cw
Enclosures

**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.*

1. ORANGE TREE THERAPIES, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEVADA

(State or country under the law of which it is incorporated)

3. 20-2625936

(FEI number, if applicable)

4. March 23, 2005

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2248 Meridian Boulevard, Suite H

(Principal office address)

Minden, Nevada 89423

(Current mailing address)

8. Holistic Therapies, massage, aroma therapy

(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 NOT acceptable)

Name: Karen Maller

Office Address: 1 Progress Plaza, No. 1210

St. Petersburg

(City)

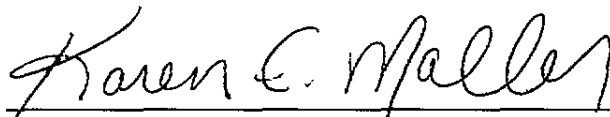
, Florida

33701

(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:

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A. DIRECTORS

Chairman: 33701

Address: _____

Vice Chairman: _____

Address: _____

Director: Ruth Ann Moriarty

Address: 2248 Meridian Boulevard, Suite H, Minden, NV 89423

Director: _____

Address: _____

B. OFFICERS

President: Ruth Ann Moriarty

Address: 2248 Meridian Boulevard, Suite H, Minden, NV 89423

Vice President: _____

Address: _____

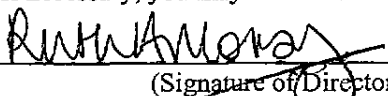
Secretary: Carl Henry Abrahams

Address: 2248 Meridian Boulevard, Suite H, Minden, NV 89423

Treasurer: Carl Henry Abrahams

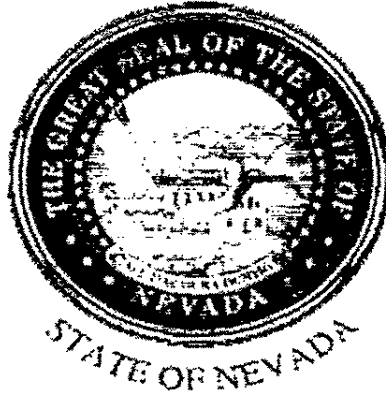
Address: 2248 Meridian Boulevard, Suite H, Minden, NV 89423

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)

14. Ruth Ann Moriarty, President/Director
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



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 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, **ORANGE TREE THERAPIES, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since **March 23, 2005**, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 31, 2005.



A handwritten signature in cursive script that reads "Dean Heller".

DEAN HELLER
Secretary of State

By

A handwritten signature in cursive script, likely belonging to the Certification Clerk.

Certification Clerk