

705000007563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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05 DEC 29 AM 11:04

D. Brown DEC 30 2005

**COVER LETTER**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC 29 AM 11:04

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** L'ALPHA NATURAL SUPPORT SERVICES 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:

LEONCE NARCISSE

(Name of Person)

(Firm/Company)

736 CAROLINE AVE.

(Address)

ELMONT NY 11003

(City/State and Zip code)

For further information concerning this matter, please call:

LEONCE NARCISSE

(Name of Person)

at ( 917 ) 8066805

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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.

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1. L'ALPHA NATURAL SUPPORT SERVICES 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. NEW YORK

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

3. 13-4232838

(FEI number, if applicable)

4. 11/01/04

(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. 735 ORANGE AVE. FORT PIERCE, FLORIDA 34950

(Principal office address)

1728 FLATBUSH AVE. BROOKLYN, NY 11210

(Current mailing address)

8. SELLING OF NATURAL 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 NOT acceptable)

Name: MARIE PIVERGER

Office Address: 735 ORANGE AVE

FORT PIERCE, FL, Florida 34950  
(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: DR. MARIE PIVERGER

Address: 1728 FLATBUSH AVE. BROOKLYN, NY 11210

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

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)

14. DR MARIE PIVERGER      PRESIDENT

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

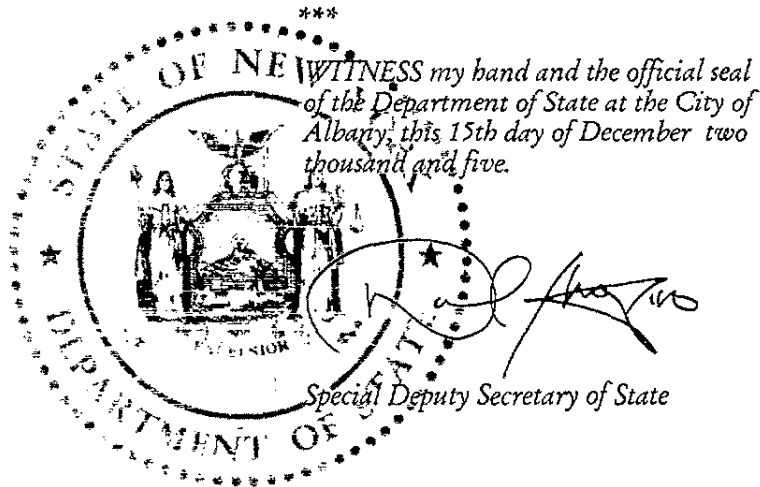
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**State of New York  
Department of State } ss:**

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DIVISION OF CORPORATIONS  
05 DEC 29 AM 11:05

I hereby certify, that the Certificate of Incorporation of L'ALPHA NATURAL SUPPORT SERVICES INC. was filed on 01/14/2003, under the name of L'ALPHA MED NATURAL SUPPORT SERVICES INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment L'ALPHA MED NATURAL SUPPORT SERVICES INC., changing its name to L'ALPHA NATURAL SUPPORT SERVICES INC., was filed 11/01/2004.



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