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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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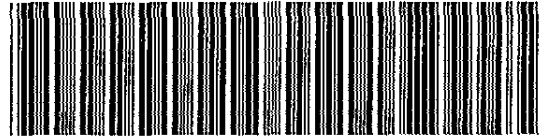
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** HUMAN HEALTH PROJECT INC.  
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

~~479~~ PHILIP HARRINGTON  
(Name of Person)  
HUMAN HEALTH PROJECT INC.  
(Firm/Company)  
479 RUSTIC DRIVE  
(Address)  
LOS ANGELES, CA 90065  
(City/State and Zip Code)

For further information concerning this matter, please call:

PHILIP HARRINGTON at (323) 2260216  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314


**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. HUMAN HEALTH PROJECT INC.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. CALIFORNIA 3. 71-0891805  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06-19-2002 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NOT APPLICABLE  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 479 RUSTIC DRIVE, LOS ANGELES, CA 90065  
(Principal office address)  
479 RUSTIC DRIVE, LOS ANGELES, CA 90065  
(Current mailing address)
8. TO ASSIST INDIVIDUALS WHO ARE ILL WITH TREATMENT  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) OPTIO.
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Jinni Richards  
Office Address: 3208 NE 8<sup>th</sup> CT.  
POMPAHO BEACH, Florida 33062  
(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.

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

**A. DIRECTORS**

Chairman: PHILIP HARRINGTON  
Address: 479 RUSTIC DRIVE, Los Angeles, CA 90065

Vice Chairman: MARK NEVEY  
Address: 8081 HARDING Ave, Suite 101  
MIAMI BEACH FL, 33141

Director: DAVID TRAUB  
Address: 50 WOODSIDE PLAZA # 601  
REDWOOD CITY, CA 94061

Director: MURRAY CLARKE  
Address: 1821 WILSHIRE BLVD, Suite 400  
SANTA MONICA CA 90403

**B. OFFICERS**

President: PHILIP HARRINGTON  
Address: 479 RUSTIC DRIVE  
Los Angeles, CA 90065

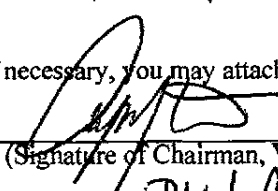
Vice President: JINNI RICHARDS  
Address: 3208 NE 8TH COURT  
POMPANO BEACH FL 33062

Secretary: PHILIP HARRINGTON  
Address: 479 RUSTIC DRIVE, Los Angeles, CA 90065

Treasurer: PHILIP HARRINGTON  
Address: 479 RUSTIC DRIVE, Los Angeles, CA 90065

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PHILIP HARRINGTON CHAIRMAN  
(Typed or printed name and capacity of person signing application)

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**  
**DOMESTIC CORPORATION**

I, **BRUCE McPHERSON**, *Secretary of State of the State of California*, hereby certify:

That on the **19TH day of JUNE, 2002**, **HUMAN HEALTH PROJECT** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of January 23, 2006.



**BRUCE McPHERSON**  
**Secretary of State**