

FL60000003691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

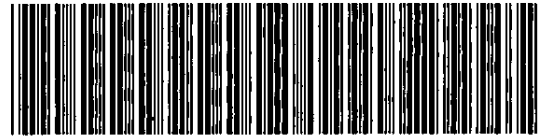
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TALLAHASSEE, FLORIDA

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17507



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2006

BRAD BERMAN
10333 N MERIDIAN ST #160
INDIANAPOLIS, IN 46290

SUBJECT: NUTRITION PHYSIOLOGY CORPORATION
Ref. Number: W06000017507

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the **electronic filing cover sheet**.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6925.

Cynthia Blalock
Document Specialist

Letter Number: 606A00024860

Comisso Berman
Professional Corporation

317.573.2384 phone

317.573.2393 fax

www.comissoberman.com

Three Meridian Plaza Suite 160
10333 North Meridian Street
Indianapolis, IN 46290-1132

**COMISSO
BERMAN**
Accounting, Tax & Financial Advisors

May 18, 2006

Cynthia Blalock
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Nutrition Physiology Corporation
Ref. Number: W06000017507
Letter Number: 606A00024860 (copy enclosed)

Dear Cynthia:

Thank you for talking with me yesterday regarding our client Nutrition Physiology Corporation. Pursuant to our conversation, I am sending you the current Certificate of Existence we received from the Office of Secretary of State, Texas. According to them this is the document they issue for proof of existence or status. If you have any questions, you can reach me at (317) 573-2384.

Thank you for your time and consideration in this matter.

Very truly yours,



Shehla Siddiqi

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NUTRITION PHYSIOLOGY CORPORATION
(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:

BRAD BERMAN
(Name of Person)
COMISSO BERMAN P.C
(Firm/Company)
10333 N. MERIDIAN ST, # 160
(Address)
INDIANAPOLIS, IN 46290.
(City/State and Zip code)

For further information concerning this matter, please call:

BRAD BERMAN at (317) 573-2384
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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

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SECRETARY OF STATE

**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. NUTRITION PHYSIOLOGY CORPORATION
(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. TEXAS 3. 75-2483960
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3-15-1993 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 01-01-06
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. _____
(Principal office address)

10333 N. MERIDIAN ST, #160, INDIANAPOLIS, IN 46291
(Current mailing address)

8. WHOLESALE OF CATTLE FEED SUPPLEMENTS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

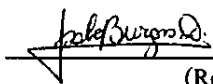
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: INCorp SERVICES, Inc.

Office Address: 18430 NE 2nd AVE
MIAMI, Florida 33179
(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.

 on behalf of Incorp Services, Inc.
(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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TALLAHASSEE, FLORIDA

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A. DIRECTORS

Chairman: DOUGLAS WARE

Address: 11358 WOODS BAY LANE, INDIANAPOLIS, IN 46236

Vice Chairman: BRYAN GARNER

Address: 7714 WHITE PLAINS, AMARILLO TX 79121

Director: MICHAEL RAY

Address: P.O. Box 1620, GUYMON, OK 73942

Director: _____

Address: _____

B. OFFICERS

President: DOUGLAS WARE

Address: 11358 WOODS BAY LANE, INDIANAPOLIS, IN 46236

Vice President: _____

Address: _____

Secretary: BRYAN GARNER

Address: 7714 WHITE PLAINS, AMARILLO TX 79121

Treasurer: MICHAEL RAY

Address: P.O. Box 1620, GUYMON, OK 73942

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. MICHAEL RAY, TREASURER

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Roger Williams
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for NUTRITION PHYSIOLOGY CORPORATION (filing number: 126434400), a Domestic For-Profit Corporation, was filed in this office on March 15, 1993.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 09, 2006.



A handwritten signature in black ink that reads "Roger Williams".

Roger Williams
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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