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COVER LETTER

TO: New Filing Section Division of Corporations		
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(Name of corporation - must include suffix)		
Dear Sir or Madam:	The Contraction of the Contracti	
Dear Sir of Madain.	5 6	
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.	FILED WOOS	
Please return all correspondence concerning this matter to the following:	'egg 80	
Michael J. Volpe, Esquire	7	
(Name of Person)	•	
Robins, Kaplan, Miller & Ciresi, LLP		
(Firm/Company)		
711 Fifth Avenue South, Suite 201		
(Address)		
Naples, Florida 34102-6628		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Michael J. Volpe, Esq. at (239) 430-7070		
(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		
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Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, 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.
ALEXY ENTERPRISES, INC.
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. ALEXY ENTERPRISES, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") ALEXY, INC.
ALEXY, INC.
(11 name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. ARIZONA (State or country under the law of which it is incorporated) 3. 33-1081499 (FEI number, if applicable) PERPETUAL
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. FEBRUARY 4, 2004 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
_{7.} 15440 N. 71ST ST., APT. 327, SCOTTSDALE, ZA 85254
(Principal office address)
4648 E. SHEA BLVD, SUITE 1-290, PHOENIX, AZ 85028
(Current mailing address)
8. To engage in the business of financial investments and natural health product distribution. (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: Jeffrey R. Powlowsky
Office Address: 4001 Santa Barbara Blvd., Suite 172
Naples , Florida 34104 (Zip code)
(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.
$A \cup A \cup A \cup A \cup A$

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: ____ Address: _____ B. OFFICERS President: Jeffrey R. Powlowsky Address: 3050 Alta Laguna Blvd.

Laguna Beach, CA 92651 Vice President: Gloria J. Cortes Address: 3050 Alta Laguna Blvd. Laguna Beach, CA 92651 Secretary: ____ Treasurer: Address: _ NOTE: If necessary, you may attach an addendym to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

14. Jeffrey R. Powlowsky

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



STATE OF ARIZONA



Office of the

CORPORATION COMMISSION

- CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Director of the Arizona Corporation Commission, do hereby certify that

***ALEXY ENTERPRISES, INC. ***

a domestic corporation organized under the laws of the State of Arizona, did incorporate on February 4, 2004.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 31st Day of May, 2006, A. D.

EXECUTIVE SECRETARY

BY: