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Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000 Fax Number

: (850)558-1575

FOREIGN PROFIT/NONPROFIT CORPORATION

SUNLIFE NUTRITION, INC.

<u></u>	
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D. WHITE MAR 'E | 20014 .

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.

"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
		adopted for the purpose of transacting business in Florida)	
Delaware	3.	06-1724753	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
April 5, 2	004	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
Not prior	to registration		
,	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
516 NW	20th Street, Fort Lauderd	ale, FL 33311	
•	(Principal office add		
516 NW	20th Street, Fort Lauderd	lale, FL 33311	
	(Current mailing ad		
	(carrent mercup ea	miesz) .	
	·	•	
. To engag	e in any lawful act or activiti	es for which corporations may be organ	nized.
To engag	·	es for which corporations may be organ	nized.
(Ригрозе(e in any lawful act or activiti	es for which corporations may be organ	nized.
(Purpose) P. Name and stre	e in any lawful act or activities) of corporation authorized in home state or o	es for which corporations may be organ	nized.
(Purpose) Name and stree Name:	e in any lawful act or activities) of corporation authorized in home state or out address of Florida registered agent: (P.	es for which corporations may be organ	nized.
(Purpose) Name and stree Name:	e in any lawful act or activities) of corporation authorized in home state or detaddress of Florida registered agent: (P. Rainer Schindler 516 NW 20th Street	es for which corporations may be organ	nized.
(Purpose) Name and stree Name:	e in any lawful act or activities) of corporation authorized in home state or out address of Florida registered agent: (P. Rainer Schindler	es for which corporations may be organ	nized.
(Purpose) P. Name and stree Name: Office Address:	e in any lawful act or activities) of corporation authorized in home state or detaddress of Florida registered agent: (P. Rainer Schindler 516 NW 20th Street Ft. Lauderdale (City)	es for which corporations may be organ	nized.
(Purpose) Name and sire Name: Office Address: 10. Registered a Having been nan designated in this further agree to	e in any lawful act or activities) of corporation authorized in home state or out address of Florida registered agent: (P. Rainer Schindler 516 NW 20th Street Ft. Lauderdale (City) gent's acceptance: and as registered agent and to accept serve application, I hereby accept the appoint comply with the provisions of all statutes	es for which corporations may be organizative to be carried out in state of Florida) O. Box NOT acceptable)	1 20 M STATE
(Purpose) Name and sire Name: Office Address: 10. Registered a Having been nam designated in this	e in any lawful act or activities) of corporation authorized in home state or detaddress of Florida registered agent: (P. Rainer Schindler 516 NW 20th Street Ft. Lauderdale (City) gent's acceptance: med as registered agent and to accept serves application, I hereby accept the appoint	es for which corporations may be organizative to be carried out in state of Florida) O. Box NOT acceptable)	A 26 THE STATE !

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:	FILED	
A. DIRECTORS	07 MAR 26 AM 11: 12	
Chairman: Rainer Schindler		
Address: 516 NW 20th Street, Fort Lauderdale, FL 33311	MILAHASSE	E, FLORIDA
Vice Chairman:	, <u> </u>	-
Address:	1	
Director: Markus Hedenkamp		
Address: c/o Sunlife Nutrition, Inc.		
516 NW 20th Street, Fort Lauderdale, FL 33311		
Director: Klaus Hedenkamp		
Address: c/o Sunlife Nutrition, Inc.		
516 NW 20th Street, Fort Lauderdale, FL 33311	· .	
B. OFFICERS		
President Klaus Hedenkamp		· · · · · · · · · · · · · · · · · · ·
Address: c/o Sunlife Nutrition, Inc.		<u> </u>
516 NW 20th Street, Fort Lauderdale, FL 33311	e,	<u>-2 </u>
Vice President: Markus Hedenkamp		
Address: c/o Sunlife Nutrition, Inc.		 .
516 NW 20th Street, Fort Lauderdale, FL 33311		
Secretary: Rainer Schindler		
Address: 516 NW 20th Street, Fort Lauderdale, FL 33311		
Christopher J. Verstrate, Esq.		
Address: c/o McGuireWoods LLP, Suite 4100, 77 West Wacker, C	Chicago, Illino	ois 60601
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)		
	uretare	
14. Christiphe Verstrate, Assit 50 (Typed or printed name and capacity of person signing application)	-	

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNLIFE NUTRITION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNLIFE NUTRITION, INC." WAS INCORPORATED ON THE FIFTH DAY OF APRIL, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE





Warnet Smith Windson Secretary of State

AUTHENTICATION: 5538094

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