

DIVISION

JUN 5 2 07 11 04AM

C C

NO. 195

P. 1/4

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000149732 3)))



H070001497323ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN -5 PM 1:30

Kathy Drake ext 2959

FOREIGN PROFIT/NONPROFIT CORPORATION**Doctors for Nutrition, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

g 6/6/07

**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. Doctors For Nutrition, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California

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

3.

(FEI number, if applicable)

4. October 3, 2001

(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. 1289 Clint Moore Road, Boca Raton, FL 33487

(Principal office address)

1289 Clint Moore Road, Boca Raton, FL 33487

(Current mailing address)

8. Marketing and distribution of nutritional 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: **Corporation Service Company**

Office Address: **1201 Hays Street**

Tallahassee

(City)

Florida 32301

(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.

Corporation Service Company

By: *Sarah K. Drake*

(Registered agent's signature)

**Sarah K. Drake
as its agent**

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN -5 PM 1:30

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

A. DIRECTORS

Chairman: Stuart A. BensonAddress: 1289 Clint Moore Road, Boca Raton, FL 33487

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Stuart A. BensonAddress: 1289 Clint Moore Road, Boca Raton, FL 33487

Vice President: _____

Address: _____

Secretary: Stuart A. DensonAddress: 1289 Clint Moore Road, Boca Raton, FL 33487

Treasurer: _____

Address: _____

NOTES: 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. Stuart A. Benson, President

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

FILED
07 JUN -5 PM 1:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**State of California
Secretary of State**

**CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN -5 PM 1:30

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the 5TH day of OCTOBER, 2001, DOCTORS FOR NUTRITION, INC. 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
May 10, 2007.



Debra Bowen

DEBRA BOWEN
Secretary of State