

F07000003167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400103974594

06/07/07--01031--009 **87.50

FILED
2007 JUN 21 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUN 22 2007

207-27400

4247

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DR. JILL'S FOOT PADS, INC.
(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:

JILL SCHEUR
(Name of Person)
DR. JILL'S FOOT PADS, INC.
(Firm/Company)
602 S. MILITARY TRAIL
(Address)
DEERFIELD BEACH, FL. 33442
(City/State and Zip code)

For further information concerning this matter, please call:

JILL SCHEUR at (866) 366-8723
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
2007 JUN 21 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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. DR. JILL'S FOOT PADS INC (Enter name of corporation; must include "INCORPORATEL," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Dr. Jill's Foot Pads (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. N.Y. STATE/ERIE GUNTYs 02-0629321 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/26/2002 5. NONE PLANNED (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JUNE 6, 2007 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 602 S. MILITARY TRAIL Deerfield Beach, FL 33442 (Principal office address)

1015 S. RIVERSIDE DRIVE (TH #2) Pompano Beach, FL 33062 (Current mailing address)

A LOCATION FOR:

8. SHIPPING OUR PRODUCTS NATIONWIDE & CUSTOMER SERVICE (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Location

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

Name: JILL SCHEUR

Office Address: 1015 S. RIVERSIDE DRIVE (TH #2) Pompano Beach, Florida 33062 (City) (Zip code)

Home ADDRESS OF JILL SCHEUR 2007 JUN 21 PM 1:07 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

Jill Scheur 6/6/07 (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:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JILL SCHEUR c/o DR. JILL'S FOOT PADS, INC.

Address: 602 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

FILED
2007 JUN 21 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. Jill Scheur
(Signature of Director or Officer listed in number 12 of the application)

14. JILL SCHEUR
(Typed or printed name and capacity of person signing application)

* JILL SCHEUR IS 100% OWNER OF THE CORPORATION,
DR. JILL'S FOOT PADS, INC G.S.

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of DR. JILL'S FOOT PADS INC. was filed on 06/26/2002, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 13th day of June two
thousand and seven.*

200706140454 59

