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SECRETARY OF STATE

JUL 29 2008 D. A. WHITE

#### TO: New Filing Section Division of Corporations 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: 13918 Equitable Rel Cerritos CA 90703 (City/State and Zip code) For further information concerning this matter, please call: (Name of Person) at (562) 936-7373 (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: **MAILING ADDRESS: New Filing Section New Filing Section Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: \$70.00 Filing Fee \$78.75 Filing Fee & 3 \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

**COVER LETTER** 

#### 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.	Diagnostics Designs, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"				
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")				
	TRI Professiona ( Nourcare Products (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)				
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)				
2.	(State or country under the law of which it is incorporated)  3. 95. 2852786  (FEI number, if applicable)				
	(State or country under the law of which it is incorporated) (FEI number, if applicable)				
4.	(Date of incorporation)  5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")				
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")				
6.	(Date first transacted business in Florida, if prior to registration)				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)					
7.	12401 62 nd 56, N. Ste 201 Large F1 33773 (Principal office address)				
	13918 Equitable Rol Cerritus CA 90703 (Current mailing address)				
8.	(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: Peter Rofferty				
(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: Peter Reffery  Office Address: 13401 63nd 54. N. She 201  Large FL , Florida 33.773  (City) (City)					
_	10000 51				
	(City), Florida 3377				
10	Registered agent's acceptance:				
H	aving been named as registered agent and to accept service of process for the above stated corporation at the place				
	signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutic				
	id I am familiar with and accept the obligations of my position as registered agent.				
	Poler bolling				
	(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	FILED
Chairman: Joseph Cliveri	
Address: 13918 Equitable Del	ZUUN JUL 28 ₽ 1: 30
Cerritos CA 90703	SECRETARY OF STATE TALLAHASSEF, ELDRIDA
Vice Chairman: Ken D. Snow	
Address: 13918 Equitable Rol	
Cerrites CA 90703	
Director: Jaseph Oliveri	
Address: 13918 Equitable Rol	
Cerritos CA 90703	
Director: Ken Snow	
Cerritos CA 90703	
B. OFFICERS	
President: Joseph Coliveri	
Address: 6 Chaparral Lane	
Banche Pales Verde	
Vice President: Kan Snaw	
Address: 13918 Equitable Rol Cerrites TA 90703	3
Secretary: Joseph Oliver;	
Address: (o Chaparral Lane	RAV CA 90275
•	
Treasurer: Kenneth Snow  Address: 13918 Quitable Rol	Cerritos 90703
NOTE: If necessary, you may attach an addendum to the application	
13	
(Signature of Director or Officer listed in num	/
14. The GLiveri C (Typed or printed name and capacity of persons)	EC on signing application)

## State of California Secretary of State

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

### CERTIFICATE OF STATUS DOMESTIC CORPORATION

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

That on the 21st day of June, 1971, DIAGNOSTICS & DESIGNS, 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 June 16, 2008.



Jena Bowen

**DEBRA BOWEN Secretary of State**