

F0900000234/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

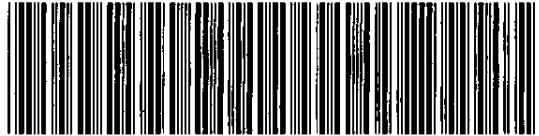
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/17/09--01016--009 **70.00

06/11/09--01031--001 **2300.00

09 JUN 10 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

11/19/18 18/11/3 VHI



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2009

JUDY RYAN
360 CENTRAL AVENUE, SUITE 1560
ST. PETERSBURG, FL 33701

SUBJECT: ALLERA HEALTH PRODUCTS, INC.
Ref. Number: W09000018443

We have received your document for ALLERA HEALTH PRODUCTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2,300.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 609A00013203

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ALLERA HEALTH PRODUCTS, 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:

JUDY RYAN
(Name of Person)

ALLERA HEALTH PRODUCTS, INC.
(Firm/Company)

360 CENTRAL AVENUE SUITE 1560
(Address)

ST. PETERSBURG, FL 33701
(City/State and Zip code)

For further information concerning this matter, please call:

JUDY RYAN at (727) 821-6865
(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

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. ALLERA HEALTH PRODUCTS INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. DELAWARE 3. 20-3539256
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. SEPTEMBER 21, 2005 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 360 CENTRAL AVENUE, SUITE 1560, ST. PETERSBURG, FL 33701
(Principal office address)

SAME
(Current mailing address)

8. CORPORATE OFFICE: RECEIVE MAIL, PAY BILLS, TAKE ORDERS FROM CUSTOMERS BY PHONE
(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: JUDY RYAN

Office Address: 360 CENTRAL AVE, SUITE 1560
ST PETERSBURG, Florida 33701
(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.

Judy Ryan

(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.

APPROVED
AND
FILED
09 JUN 10 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

09 JUN 10 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ANTHONY GUGLIELMIN

Address: 1650-409 GRANVILLE STREET

VANCOUVER, B.C. V6C 1T2, CANADA

Director: _____

Address: _____

B. OFFICERS

President: FRANK TUFARO, Ph.D

Address: 360 CENTRAL AVENUE, SUITE 1560

ST. PETERSBURG, FL 33701

Vice President: _____

Address: _____

Secretary: B. KRISTIN DELAND

Address: 360 CENTRAL AVENUE, SUITE 1560, ST. PETERSBURG, FL 33701

Treasurer: EDDY KELLY

Address: 2090 SUNNYDALE BLVD, CLEARWATER, FL 33765

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)

14. FRANK TUFARO, PRESIDENT & CEO

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

Delaware

PAGE 1

The First State

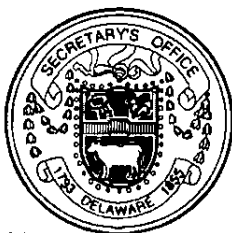
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLERA HEALTH PRODUCTS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MARCH, A.D. 2009.

APPROVED
AND
FILED
09 JUN 10 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4033655 8300

090291055

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7203168

DATE: 03-23-09