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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch AUG 6 2009

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** GREEN LEAF NUTRITIONAL CENTER, CORP  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

JACINTO PEREZ

Name of Person

GREEN LEAF NUTRITIONAL CENTER

Firm/Company

15 FEDERAL RD

Address

DANBURY, CT 06810

City/State and Zip Code

greenleafnutritional@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACINTO PEREZ

Name of Person

at ( 786 ) 299-5906  
Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

1. GREEN LEAF NUTRITIONAL CENTER CORPORATION  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. CONNECTICUT 3. 26-1098637  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/14/2008 5. ~~10~~ perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 11402 NW 41 STREET SUITE 208, DORAL FL 33178  
(Principal office address)

15 FEDERAL RD, DANBURY CT 06810  
(Current mailing address)

8. NATURAL SUPPLEMENTS CENTER, WEIGHT LOSS COUNSELING  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

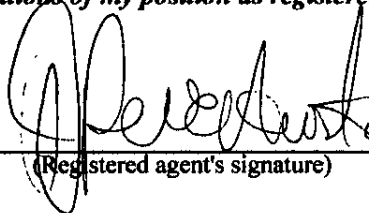
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: JACINTO PEREZ

Office Address: 11402 NW 41 STREET SUITE 208

DORAL, Florida 33178  
(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.*

  
(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.

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

**A. DIRECTORS**

Chairman: JACINTO PEREZ

Address: 10 CLAPBOARD RIDGE RD APT. 43B, DANBURY CT 06811

Vice Chairman: ANNY PEREZ

Address: 10 CLAPBOARD RIDGE RD APT. 43B, DANBURY CT 06811

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: JACINTO PEREZ

Address: 10 CLAPBOARD RIDGE RD APT. 43B, DANBURY CT 06811

Vice President: ANNY PEREZ

Address: 10 CLAPBOARD RIDGE RD APT. 43B, DANBURY CT 06811

Secretary:

Address:

Treasurer:

Address:

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

13. *[Signature]*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jacinto Perez Anny Perez  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that the certificate of incorporation of

GREEN LEAF NUTRITIONAL CENTER, CORP

a domestic STOCK corporation, was filed in this office on January 14, 2008, a certificate of dissolution  
has not been filed, and so far as indicated by the records of this office such corporation is in existence.



Secretary of the State

Date Issued: August 03, 2009

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TALLAHASSEE, FLORIDA