

## Florida Department of State

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Division of Corporations

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# FOREIGN PROFIT/NONPROFIT CORPORATION BIOTAB NUTRACEUTICALS, INC.

 Certificate of Status
 1

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To: FL Dept of State Subjec 000162.123926 From: Kim Weidenbach

Friday, April 30, 2010 4:06 PM Page: 2 of 5

April 30 GRE ORIGINAL GUBANGON

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PLEASE GIVE ORIGINAL SURMISSION

PLEASE GIVE ORIGINAL SURMISSION

AT 1201 (10) FLORIDA DEPARTMENT OF STATE

Division of Corporations

SUBJECT: BIOTAB NUTRACEUTICALS, INC.

REF: W10000021045

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Becky McKnight Regulatory Specialist II New Filing Section

FAX Aud. #: H10000103620 Letter Number: 610A00010759

THE CONTENSE OF THE DATE.

#### H100001036203

# 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. Biotab Nutrace     | b Nutraceuticals, Inc.   |  |                     |  |  |  |  |  |
|-----------------------|--|--|---------------------|--|--|--|--|--|
|                       | corporation; must include "INCORPORATED<br>Corp," "Inc," "Co," or "Corp.") | ," "COMPANY," "CORPORATION,"   |                     |  |  |  |  |  |
| (If name unavai       | lable in Florida, enter alternate corporate name                           | and anted for the nurmose of transacting huse                                    | iness in Florida    |  |  |  |  |  |
| 2. California         |  | 20-5354811   | mos m i londa)      |  |  |  |  |  |
|                       | under the law of which it is incorporated)                                 | (FEI number, if applicable)  |                     |  |  |  |  |  |
| 4. July 27, 2006      | 5  | perpetual (Duration: Year corp. will cease to exist or "perpetual")              |                     |  |  |  |  |  |
| (Date                 | e of incorporation)  |  |                     |  |  |  |  |  |
| 6. Upon filing        |  |  |                     |  |  |  |  |  |
|                       |  | in Florida, if prior to registration) 502, F.S., to determine penalty liability) |                     |  |  |  |  |  |
| a 401 East Huntle     | ngton Drive, Monrovia, CA 91016  | 202, 1.0., to downline policity habitity)  |                     |  |  |  |  |  |
| /, 10 / Edder 10 / 14 | (Principal office ad   | dress)   |                     |  |  |  |  |  |
| 401 East Hunti        | Ington Drive, Monrovia, CA 91016   | •  | 2010 APR<br>SECRETA |  |  |  |  |  |
| <del></del>           | (Current mailing ad  | dress)   | AR P                |  |  |  |  |  |
| g_ lifestyle supple   | ements   |  | R 29                |  |  |  |  |  |
| (Purpose(             | s) of corporation authorized in home state or c                            | ountry to be carried out in state of Florida)                                    | , [T]               |  |  |  |  |  |
| 9. Name and stre      | et address of Florida registered agent: (P.                                | O. Box NOT acceptable)   | AMII:               |  |  |  |  |  |
| Name:                 | CorpDirect Agents, Inc.  | -  | <b>8</b>            |  |  |  |  |  |
| Office Address:       | 515 East Park Avenue   | **********   |                     |  |  |  |  |  |
|                       | Tallahassee  | , Florida 32301  |                     |  |  |  |  |  |
|                       | (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) Michele Holden,
Assistant Secretary

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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From: Kım Weidenbach

To. Attn: Justin Subject: 000162.123926

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| 12. Names and business addresses of officers and/or directors:   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| A. DIRECTORS   |  |  |  |  |  |  |
| Chairman: Tamara Gibson  |  |  |  |  |  |  |
| Address: 401 East Huntington Drive, Monrovia, CA 91016   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Vice Chairman: Robert Winter, Sr.  |  |  |  |  |  |  |
| Address: 401 East Huntington Drive, Monrovia, CA 91016   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Director:  |  |  |  |  |  |  |
| Address:   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Director:  |  |  |  |  |  |  |
| Address:   |  |  |  |  |  |  |
| 1  |  |  |  |  |  |  |
| B. OFFICERS  |  |  |  |  |  |  |
| President: Tamara Gibson   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Address: 401 East Huntington Drive, Monrovia, CA 91016   |  |  |  |  |  |  |
| Debort Winter Ce   |  |  |  |  |  |  |
| Vice President: Robert Winter, Sr.   |  |  |  |  |  |  |
| Address: 401 East Huntington Drive, Monrovia, CA 91016   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Secretary: Robert Winter, Sr.  |  |  |  |  |  |  |
| Address: 401 East Huntington Drive, Monrovia, CA 91016   |  |  |  |  |  |  |
| Treasurer: Tamara Glbson 401 East Huntington Drive, Monrovia, CA 91016   |  |  |  |  |  |  |
| Address:   |  |  |  |  |  |  |
| strange to a second and the second and the second affice and the second affice the second affice the second and the second affice the seco |  |  |  |  |  |  |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.  |  |  |  |  |  |  |
| 13. (Marketon) of Disputar or Officer listed in number 12 of the application)  |  |  |  |  |  |  |
| 14. Tamara Gibson, President   |  |  |  |  |  |  |
| (Typed or printed name and capacity of person signing application)   |  |  |  |  |  |  |

### H100001036203

### State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

BIOTAB MUTRACEUTICALS, INC.

FILE NUMBER: FORMATION DATE:

TYPE:

JURISDICTION: STATUS:

C2791589

07/27/2006 DOMESTIC CORPORATION

CALIFORNIA

ACTIVE (GOOD STANDING)

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

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHERROF, I execute this certificate and affix the Great Seal of the State of California this day of April 23, 2010.

DEBRA BOWEN

Secretary of State

NP-28 (REV 1/2007)

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