

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	 	

FOREIGN PROFIT/NONPROFIT CORPORATION

JCS Wellness Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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	JCS Wellnes	s Solutions, Inc.
(Enter name of c	corporation: must include "INCORPORATI Corp," "Ino," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"
(If name unavail	able in Plorida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)
2. Deluware		3. 26-4178892
	under the law of which it is incorporated)	(FRI number, if applicable)
4. 01/26/2009		5. Perpetual
(Date	of incorporation)	(Duration: Year corp., will cease to exist or "perpetual")
6 report	iling	
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
7, 2381 N.W. Exces	utive Center Drive, Boca Raton, FL 33431	
	(Principal office a	address)
same		
	(Current mulling	address)
	and a second as a second and a second a second and a second a second and a second a second and a	ness produots
g. Office administr	ation and sales of personal health and wells of corneration authorized in home state p	r country to be carried out in state of Florida)
-	-	- <u> </u>
9. Name and street	et address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	C T Corporation System	
Office Address:	1200 South Pine Island Road	
	Plantation	, Plorida 33324
	(City)	(Zip code)
IO Registered us	gent's acceptance:	
Having been nam	ed as registered agent and to accept se	rvice of process for the above stated corporation at the place
		niment as registered agent and agree to act in this capacity. I s relative to the proper and complete performance of my duites,
	oniply with the provisions of all statute with and accept the obligations of my	vosition as registered agent.
•	0	Madonna Cuddihy
	T Corporation System	Special Assistant Secretary
<u>_1</u>	By: 11 COMME	
	(Registered agent's signatu	rc)
11. Attached is a control of	certificate of existence duly authenticate State, by the Secretary of State or other	ed, not more than 90 days prior to delivery of this application to rofficial having custody of corporate records in the jurisdiction

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under the law of which it is incorporated.



2010 HIN 24 PM 1:57

12. Names and business addresses of officers and/or directors:	7010 204 24 111 1
A, DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
	· · · · · · · · · · · · · · · · · · ·
Director: Martin Franklin	
Address: 555 Theodore Fremd Ave., Suite B302	
Ryc, NY 10580	
Director: Inn G.H. Ashken	
Address: 555 Theodore Fremd Ave., Suite B302	
kys, NY 10580	
B. OFFICERS SEE ATTACHMENT	
President: Andrew Hill	
Address: 2381 N.W. Executive Center Drive	
Boos Raton, PL 33431	······································
Vice President: Inn G.H. Ashken	
Address: 555 Theodore Freind Ave., Suite B302	· · · · · · · · · · · · · · · · · · ·
Ryo, NY 10580	
Secretary: John Capps	
Address: 2381 N.W. Executive Center Drive, Boca Raton, FL 33431	
Treasurer: Inn G.H. Ashken	
Address: 555 Theodore Fremd Ave., Suite B302, Rye, NY 10580	
NOTE: If necessary, you may attach an addendum to the application listing addition	
(Signature of Director or Officer listed in number 12 of the app	Glay 110
	meauon)
(Typed or printed name and capacity of person signing appli-	cation)

Attachment to Fiorida Officers & Directors

James Lillie Full Name: Officer/Director: Officer

Officer's Title; Executive Vice President

Director's Title:

Director's Title:

555 Theodore Fremd Ave., Suite B302 Business Address:

City: Ryo NY State: 10580 ZIP Codo:

Robert Totte Full Name:

Officer Officer/Director: Vice President, Tax

Officer's Title: Director's Title:

2381 N.W. Executive Center Drive Business Address:

Boca Raton City: FL State: 33431

ZIP Code: Richard Sansone Full Name:

Officer Officer/Director:

Vice President Officer's Title:

Director's Title:

Business Address: 555 Theodore Fremd Ave., Suite B302

Ryo City: NY State: 10580 2IP Code: Jason Wong Full Name: Officer

Officer/Director: Asst. Secretary

Officer's Title:

555 Theodore Fremd Ave., Suite B302 Business Address:

Rye City: NY State: 10580 ZIP Code;

Jarrett Braterman Full Name:

Officer/Director:

Officer

Officer's Title:

Asst. Secretary

Director's Title:

2381 N.W. Executive Center Drive

Business Address:

Boca Raton

City: State:

FL

ZIP Code:

33431

Full Name:

Mark Rosebrock

Officer/Director:

Officer

Officer's Title:

Asst. Secretary

Director's Title:

Business Address:

2320 Cousteau Court Vistu

City: State:

CA

ZIP Code:

92081



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JCS WELLNESS SOLUTIONS, 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 JUNE, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

DIVISION OF CORPORATION

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You may vorify this certificate online

Jeffrey W. Bullock, Secretary of Stole

DATE: 06-23-10