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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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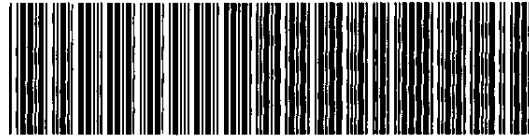
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

MRP
8/26

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Nutrition for Good Health, 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," or "Certificate of Good Standing" 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:

Carissa Vega
Name of Person

Nutrition for Good Health, Inc.
Firm/Company

PO Box 66
Address

Elkton, FL 32033
City/State and Zip code

Carissa_Vega@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carissa Vega at (954) 854 8255
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. Nutrition for Good Health, 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. Nevada 3. 27-3245096
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-30-10 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5730 CR 305, Elkton, FL 32033
(Principal office address)

PO Box 66 Elkton FL 32033
(Current mailing address)

8. Nutrition Consulting
(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: Carissa Vega

Office Address: 5730 CR 305

Elkton, Florida 32033
(City) (Zip code)

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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.

[Signature]
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Carissa Vega, President
Address: PO Box 660, Elkton FL 32033

Vice Chairman: Terrall Chilcoat - CEO
Address: 1504 US Hwy 395 N #8
Gardnerville NV 89410-5273

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Carissa Vega
Address: PO Box 660, Elkton FL 32033

Vice President: Terrall Chilcoat - CEO
Address: 1504 US Hwy 395 N #8
~~Gardnerville~~ Gardnerville NV 89410-5273

Secretary: Valerie Kline,
Address: PO Box 660, Elkton, FL 32033

Treasurer: Valerie Kline
Address: PO Box 660, Elkton, FL 32033

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

13. Weg
(Signature of Director or Officer listed in number 12 of the application)

14. Carissa Vega
(Typed or printed name and capacity of person signing application)

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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NUTRITION FOR GOOD HEALTH, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 30, 2010, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 19, 2010.

A handwritten signature of Ross Miller in black ink.

ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20100819-1666
You may verify this electronic certificate
online at <http://www.nvsos.gov/>