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## COVER LETTER

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

**SUBJECT:** Pure Health Solutions, 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:

Kathleen A Kozlowski

(Name of Person)

Pure Health Solutions, Inc.

(Firm/Company)

950 Corporate Woods Parkway

(Address)

Vernon Hills IL 60061

(City/State and Zip code)

For further information concerning this matter, please call:

Kathleen A Kozlowski

(Name of Person)

at ( 847 ) 201-3304

(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

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TALLAHASSEE, FLORIDA

November 16, 2010

KATHLEEN A KOZLOWSKI  
950 CORPORATE WOODS PARKWAY  
VERNON HILLS, IL 60061

SUBJECT: PURE HEALTH SOLUTIONS, INC.  
Ref. Number: W10000053723

We have received your document for PURE HEALTH SOLUTIONS, 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):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. ✓

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers. ✓

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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 510A00026886

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**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. Pure Health Solutions, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  
~~Pure Health Solutions, Inc. of Florida~~ Pure Health Solutions USA, Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Idaho 3. 84-1386975  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/03/1996 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 950 Corporate Woods Parkway Vernon Hills IL 60061  
(Principal office address)  
950 Corporate Woods Parkway Vernon Hills IL 60061  
(Current mailing address)
8. Develop and market products which promote health and well-being of individuals  
(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: NRAI Services, Inc.  
Office Address: 2731 Executive Park Dr., Ste 4  
Weston, Florida 33331  
(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.*

NRAI Services, Inc.

  
\_\_\_\_\_  
(Registered agent's signature)  
**Angela Gawlinski Asst. 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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12. Names and business addresses of officers and/or directors:

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**A. DIRECTORS**

Chairman: Michael S Kaye

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Address: 100 Bayview Circle Ste 500  
Newport Beach CA 92660

Vice Chairman: Patrick J Haiz

Address: 100 Bayview Circle Ste 500  
Newport Beach CA 92660

Director: Joshua M Mack

Address: 100 Bayview Circle Ste 500  
Newport Beach CA 92660

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Alan M Crosby

Address: 950 Corporate Woods Parkway  
Vernon Hills IL 60061

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Mark J Wagner

Address: 950 Corporate Woods Parkway Vernon Hills IL 60061

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. Mark J Wagner  
(Signature of Director or Officer listed in number 12 of the application)

14. Mark J Wagner, Secretary  
(Typed or printed name and capacity of person signing application)

# ***State of Idaho***

Office of the Secretary of State

## **CERTIFICATE OF EXISTENCE**

OF

**PURE HEALTH SOLUTIONS, INC.**

File Number C-116301

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named corporation was incorporated under the laws of Idaho on 9/03/1996.

I FURTHER CERTIFY That the corporation is in goodstanding on the records of this office.

Dated: 11/02/2010 7:39 AM



*Ben Ysursa*  
SECRETARY OF STATE

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