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PICK-UP WAIT MAIL
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Allersy choices, Inc.	
SUBJECT: Allers y choices, Inc. Name of corporation - must include suffice.	x
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Tra "Certificate of Existence," or "Certificate of Good Standing" and check are above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Tames Killoran	
James Killoran Name of Person	· · · · · · · · · · · · · · · · · · ·
Allersychoices, Inc.	
Allersy choices, Inc. Firm/Company	
2800 National Dy. Ste. Address	100
Address	
Onalaska, WI 54650 City/State and Zip code	
City/State and Zip code	
E-mail address: (to be used for future annual repo	com
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please call:	LAHAR
Name of Person at (608) 783-353 Area Code & Daytime Tele	/ SSE
Name of Person Area Code & Daytime Tele	ephone Number PLC
	GADDRESS:
New Filing Section New Filing Division of Corporations Division or	s Section f Corporations
Clifton Building P.O. Box 6	
2661 Executive Center Circle Tallahassee, FL 32301	e, FL 32314
Enclosed is a check for the following amount:	
0.00 Filing Fee \$78.75 Filing Fee & Certificate of Status Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

(MON) FER 28 2011 10:33/ST 10:32/No 75158H2>

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.

	corporation; must include "INCORPOI	RATED." "COM	PANY." "CORPOR	RATION"	
	Corp," "Inc," "Co," or "Corp.")	,01125,	,	411011 ,	
(If name unavai	labie in Florida, enter alternate corpora	ite name adopted	for the purpose of tra	ansacting business	in Florida)
Wis	ansin	3.	39-2012	025	
(State or country	under the law of which it is incorporate	ted)	(FEI number	, if applicable)	
3/21/	2000	5 .	perpetual		
(Date	2000 e of incorporation)	(Duratio	on: Year corp. will o	cease to exist or "p	perpetual")
Minol	sales starting 2/26	106. Emp	lonee in F	2 1/3/11	•
	(Date first transacted by (SEE SECTIONS 607.1501 &	usiness in Florida,	if prior to registration	00)	
	2800 National De				
	(Principal of	fice address)			
	Onalwica, UI (Current mail	54650			
	(Current mai	ling address)			
<i>-</i> .					
Sale	<i>s</i>		-		20. 2
(Purpose(s	s) of corporation authorized in home sta	ate or country to b	e carried out in state	of Florida)	
Name and stree	et address of Florida registered agen	nt: (P.O. Box N	OT_acceptable)	Ä	2011 MAR
Name:	Dr. Michael Bra	nch		in m	520 do
ffice Address:	925 Williston Pa	ok Point	Sh /00/		PH 12: 5
	Lake Many (City)			(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	7
	(City)		(Zip code)		7

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.

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. Allersy choices, 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. Wis arein 3. 35-20/2025 (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 3/21/2000 5. perpetual (Duration: Year corp. will cease to exist or "perpetual") 6. Minor Sales Starting 2/26/06. Employee in FL 1/31/11.

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2800 National Dr. Ste 100
(Principal office address) Onlasca, UI 5465D (Current mailing address) 8. Sales

(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) Dr. Michael Branch Name: 925 W:lliston Park Point St. 100/
Lake Many , Florida 32746
(City) (Zip code) Office Address: 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.

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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ________ Address: _____ Vice Chairman: Address: _____ Director: ___ Address: Director: Address: **B. OFFICERS** President: Address: Vice President: Address: _____ വ Secretary: __ Address: ____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Jun Killoran President

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Secretary, Department of Financial Institutions, do hereby certify that

ALLERGYCHOICES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is March 21, 2000.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 20, 2011.

RAY ALLEN, Deputy Secretary Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

87207-990F8C49

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Onalaska WI 54650

608 783-8888

2727 Midwest Drive

2535 Madison Place

LaCrosse WI 5601

608 784-8717

Robert Burg

820 Lake

Onalaska WI 54650

608 783-8888

2727 Midwest Drive

875 Country Club Lane

Onalaska WI 54650

608 779-0909

Ronald Houser

Onalaska WI 54650

2727 Midwest Drive Onalaska WI 54650

822 Country Club Lane

Onalaska WI 54650

608 781-5969

Mary Morris MD

608 793-1580

2727 Midwest Drive Onalaska WI 54650

608 782-2027

608 783-8888

832 Country Club Lane

Onalaska WI 54650

608 783-7299

David Morris MD

Onalaska WI 54650

608 783-1559

Jeffery Kessler

N5664 Mohican Trl

2800 National Drive

Suite 100

822 Country Club Lane

Onalaska WI 54650

608 781-5969

James Killoran

Office address &

Residence address &

Name

Directors

telephone

elephone

Onalaska WI 54650

Onalaska WI 54650

608 781-2617

Ed Tredinnick

608 783-8888

La Crosse, WI 54603

608-784-8717

Ed Hawley

1031 Lauderdale Ct

2727 Midwest Drive

30

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Feb-11			
Corporate Offices	es		
Titte	Name	Residence address & telephone	ne Office address & telephone
President	James Killoran	822 Country Club Lane	2800 National Drive Suite 100
		Onalaska WI 54650	Onalaska WI 54650
		608 781-5969	608 793-1580
Vice President	Mary Morris MD	822 Country Club Lane	2727 Midwest Drive
		Onalaska WI 54650	Onalaska WI 54650
		608 781-5969	608 782-2027
Vice President	Jeffery Kessler	N5664 Mohican Trl	2727 Midwest Drive
		Onalaska WI 54650	Onalaska WI 54650
		608 783-1559	608 783-8888
Vice President	James Luzader	612 Biery's Bridge Road	612 Biery's Bridge Road
			Bethlehem, PA 18017
		Bethlehem, PA 18017	610 - 419-1110
Vice President	Anne Hendrickson	2975 N. Pine Creek Road	2800 National Drive Suite 100
			Onalaska Wi 54650
		La Crescent MN 55947	608 793-1580
Secretary	Robert Burg	2535 Madison Place	2727 Midwest Drive
		LaCrosse WI 5601 6	608 Onalaska WI 54650
		784-8717	608 783-8888
Treasure	Ed Tredinnick	820 Lake	2727 Midwest Drive
		Onalaska WI 54650	Onalaska WI 54650
		608 781-2617	608 783-8888

MLLAHASSEE, FLORICA

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