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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

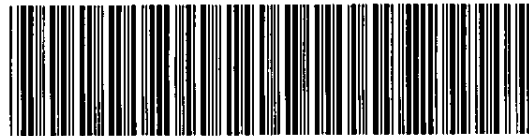
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
12 MAY 14 AM 8:22

5/15

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NUTRITIONAL ASSETS, 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:

ARTHUR PUHN
Name of Person

NUTRITIONAL ASSETS, INC
Firm/Company

4407 TREVIL COURT
Address

LAKE WORTH FLORIDA 33467
City/State and Zip code

ARTHURPUHN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTHUR PUHN at (516) 384-3031
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. NUTRITIONAL ASSETS, 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. STATE OF NEW YORK 3. 11-3353378
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/3/1996 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JUNE 1st 2012
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4407 TREVI COURT LAKE WORTH FL. 33467.
(Principal office address)
SAME.
(Current mailing address)

8. NUTRITIONAL COUNSELING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

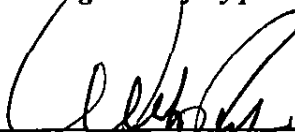
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ARTHUR PUH.

Office Address: 4407 TREVI COURT
LAKE WORTH, FL, Florida 33467
(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)

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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CORPORATION
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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Adele Pohn

Address: 4407 Trevi Court
Lake Worth, FL 33467

Vice Chairman: _____

Address: _____

Director: Arthur Pohn

Address: 4407 Trevi Court
Lake Worth, FL 33467

Director: _____

Address: _____

B. OFFICERS

President: Adele Pohn

Address: 4407 Trevi Court
Lake Worth, FL 33467

Vice President: Arthur Pohn

Address: 4407 Trevi Court
Lake Worth, FL 33467

Secretary: Adele Pohn

Address: 4407 Trevi Court Lake Worth FL 33467

Treasurer: Arthur Pohn

Address: 4407 Trevi Court Lake Worth FL 33467

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SECRETARY
DIVISION OF
REGISTRATION

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

13. [Signature] V.P.
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. ARTHUR POHN VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NUTRITIONAL ASSETS, INC. was filed on 12/03/1996, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



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DIVISION OF CORPORATIONS
12 MAY 14 AM 8:22

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 30th day of April two
thousand and twelve.*

First Deputy Secretary of State