

FL2000003010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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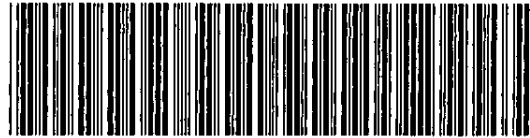
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Institute for Health Realities, 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:

Betty A. Queen
Name of Person
The Institute for Health Realities
Firm/Company
1411 Celebration Ave., #310
Address
Celebration, FL 34747
City/State and Zip code
bqueen@healthrealities.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Betty Queen at (407) 566-8551
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. The Institute for Health Realities, 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. Colorado 3. 84-1067435
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/9/99 5. ✓ perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 7/16/12
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6660 Delmonico Drive, Suite D-441, Colorado Springs, CO 80919
(Principal office address)

1411 Celebration Ave, #310, Celebration, FL, 34747
(Current mailing address)

8. Health Consultation Services, Laboratory (Chemistry) - will be done in Colorado
✓ Bookkeeping, Banking, Financial Records, Supplement Sales (will be done in Florida)
(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: Betty A. Queen

Office Address: 1411 Celebration Ave., #310

Celebration, Florida 34747
(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.

Betty A. Queen
(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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SECTION OF CORPORATIONS
DIVISION OF CORPORATIONS

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: H.L. Sam Queen

Address: 6660 Delmonico Drive, Suite D-441

Colorado Springs, CO 80919

Vice President: Betty A. Queen

Address: 6660 Delmonico Drive, Suite D-441

Colorado Springs, CO 80919

Secretary: Betty A. Queen

Address: Same

Treasurer: Betty A. Queen

Address: Same

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

13. Betty A. Queen

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. Betty A. Queen

(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

THE INSTITUTE FOR HEALTH REALITIES, INC.

is a **Corporation** formed or registered on 03/09/1999 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19991043730.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/12/2012 that have been posted, and by documents delivered to this office electronically through 07/16/2012 @ 09:01:25.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 07/16/2012 @ 09:01:25 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8292144.



Secretary of State of the State of Colorado

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."