

F12 00064940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

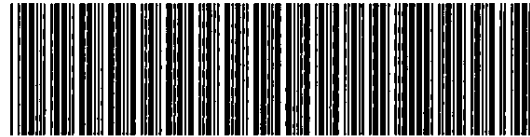
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 10 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AGROLABS, 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:

JAVIER ORDOSGOITIA

Name of Person

AGROLABS, INC

Firm/Company

6303 BLUE LAGOON DRIVE, SUITE 400

Address

MIAMI, FL 33126

City/State and Zip code

j.ordosgoitia@agrolabs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAVIER ORDOSGOITIA at (786) 222-4954

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. AGROLABS, 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. NEW JERSEY

(State or country under the law of which it is incorporated)

3. 23-3197169

(FEI number, if applicable)

4. September 17, 1992

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. IN FLORIDA NO TRANSACTIONS HAVE BEEN CONDUCTED SO FAR

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6303 BLUE LAGOON DR, #400, MIAMI, FL 33126

(Principal office address)

SAME AS ABOVE

(Current mailing address)

8. CONDUCT BUSINESS WITH INTERNATIONAL MARKETS

(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: JAVIER ORDOSGOITIA

Office Address: 6303 BLUE LAGOON DRIVE, SUITE 400

MIAMI

(City)

, Florida 33126

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Christina Ray

Address: C/o 225 Long Ave, PO Box 278

Hillside, NJ 07205

Director: _____

Address: _____

B. OFFICERS

President: Christina Ray

Address: C/o 225 Long Ave, PO Box 278

Hillside, NJ 07205

Vice President: _____

Address: _____

Secretary: Dina L Masi

Address: C/o 225 Long Ave, PO Box 278, Hillside, NJ 07205

Treasurer: Dina L Masi

Address: C/o 225 Long Ave, PO Box 278, Hillside, NJ 07205

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

13. Dina L Masi

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. Dina L Masi, Secretary

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

2010-11-07 11:10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

AGROLABS, INC.

0100529400

With the Previous or Alternate Name

MANHATTAN INTERNATIONAL, INC. (Previous Name)

INTEGRATED HEALTH IDEAS, INC. (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on September 17, 1992.

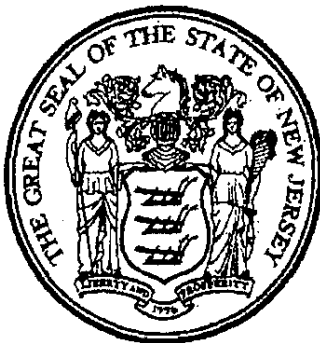
As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Eric Friedman
225 Long Ave.
Hillside, NJ 07205

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

Name Change	06/21/2000
Change Of Registered Agent	12/22/2000
Name Change	10/30/2003
Change Of Agent And Office	03/07/2006



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
29th day of November, 2012

A handwritten signature in black ink, appearing to read 'Andrew P. Sidamon-Eristoff'.

Andrew P. Sidamon-Eristoff
State Treasurer

Certification# 126657713

Verify this certificate at

https://www1.state.nj.us/TYTR/StandingCert/JSP/Verify_Cert.jsp

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12 DEC -7 AM 10:46
SECRETARY OF STATE
PAUL A. HANSEN
FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES**

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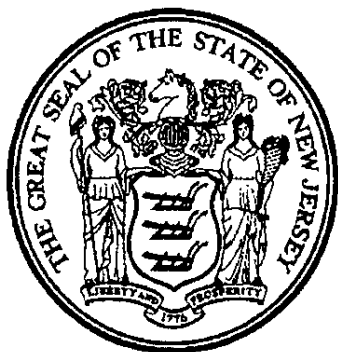
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*Andrew P Sidamon-Eristoff
State Treasurer*

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SECRETARY OF STATE
TREASURY
WASHINGTON, DC
FLORIDA