

F16000005001

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(Address)

(City/State/Zip/Phone #)

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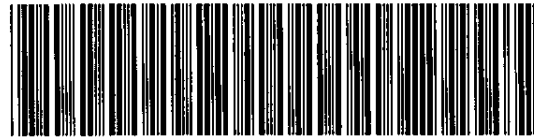
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DIVISION OF CORPORATIONS

O SIMMONS

NOV 08 2016

(631) 864-2891

# Fax Transmittal

TO: Octavia FROM: Vanessa Mangar  
FAX: \_\_\_\_\_ PAGES: 3  
PHONE: 631 520 1929 DATE: 11/8/2016

## Comments:

Here is the application for  
Nutritional Health Foundation, Inc.

RECEIVED

2016 NOV -8 AM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2016

VANESSA MANGAN  
54 WILLS AVE  
MASTIC, NY 11950

SUBJECT: NUTRITIONAL HEALTH FOUNDATION, INC  
Ref. Number: W16000066286

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2016 OCT 21 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for NUTRITIONAL HEALTH FOUNDATION, INC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

Please return 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) 245-6051.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 116A00020675

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nutritional Health Foundation, Inc.  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Vanessa Mangan  
Name of Person

Nutritional Health Foundation, Inc.  
Firm/Company

54 Wills Ave  
Address

Mastic NY 11950  
City/State and Zip Code

nhfoundationinc@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa Mangan at ( 631 ) 520 1929  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:**

1. Nutritional Health Foundation, Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 47-4970592  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 27, 2015 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 54 Wills Ave Mastic NY 11950  
(Principal office address)

(Current mailing address, if different)

8. Educating and helping families to maintain a nutritional and healthy lifestyle  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Maria Y. Oliva  
Office Address: 339 52nd St West  
Palmetto, Florida 34221  
(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.*

Maria Oliva  
(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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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

B. OFFICERS

President: Jose Adalid Hernandez Mejia

Address: 54 Wills Ave

Mastic NY 11950

Vice President: Maria Vaneth Oliva

Address: 54 Wills Ave

Mastic NY 11950

Secretary: Vanessa Mangan

Address: 1 Village Plaza Ste 305 Kings Park NY 11754

Treasurer: Vanessa Mangan

Address: 1 Village Plaza Ste 305 Kings Park NY 11754

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

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Vanessa Mangan, Secretary  
(Typed or printed name and capacity of person signing application)

16 NOV 18 PM 2:30  
DIVISION OF CONSPIRACIES

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of NUTRITIONAL HEALTH FOUNDATION, INC. was filed on 08/27/2015, as a Not-for-Profit Corporation 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.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 15th day of August two  
thousand and sixteen.*

*Anthony Giardina*

*Executive Deputy Secretary of State*