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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T WASHINGTON

DEC 14 2016

COVER LETTER

TO: Registration Section
Division of Corporations
Maine Natural Health Co.

SUBJECT: _____
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:
Terri Earley

Name of Person
Maine Natural Health/ DBA Stronger Faster Healthier

Firm/Company
825 Atlantic HWY

Address
Warren, Maine 04864

City/State and Zip code
terri@sfh.com

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

For further information concerning this matter, please call:

Terri Earley 207 273-8039

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.*

Maine Natural Health Co.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

DBA Stronger Faster Healthier

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

Maine 02-0752851

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

09/2010

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

12/19/2016 (intention)

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

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

825 Atlantic Highway Warren Maine 04864

7. _____
(Principal office address)

same

(Current mailing address, if different)

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

Name: Zach Griffin

Office Address: 6708 Woodlake Dr Apt 272
Orlando, Florida 32810
(City) (Zip code)

9. 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.

Zach Griffin
(Registered agent's signature)

10. 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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Patricia Leighton

Address: 825 Atlantic Highway Warren Maine 04864

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jeff Leighton

Address: 825 Atlantic Highway, Warren Maine 04864

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Jeff Leighton

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. H. Jeff Leighton CEO

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

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TALLAHASSEE, FLORIDA

State of Maine



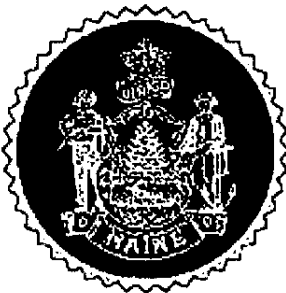
Department of the Secretary of State

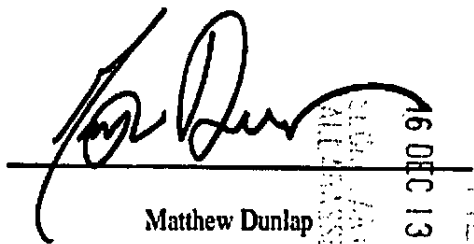
I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.

I further certify that MAINE NATURAL HEALTH CO. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is September 29, 2010.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this second day of December 2016.




Matthew Dunlap
Secretary of State

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CLERK OF THE STATE
MAINE