

F18000000442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

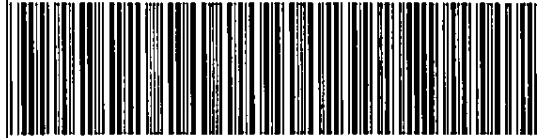
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JAN 29 10:05 AM
JAN 29 2018
JAN 29 2018

JAN 29 2018
J. HARRIS

10/18-3021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Better Health Resources Inc.
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Dena R. Guthrie
Vice President
Better Health Resources, Inc.
129 Spring Chase Circle
Altamonte Springs, FL 32714

City/State and Zip Code

email: denaguthrie@gmail.com

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

For further information concerning this matter, please call:

Dena R. Guthrie at (580) 618-2894
Name of Person Area Code Daytime Telephone Number

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

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

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2018

DENA R GUTHRIE
129 SPRING CHASE CIRCLE
ALTAMONTE SPRINGS, FL 32714

SUBJECT: BETTER HEALTH RESOURCES, INC.
Ref. Number: W18000003821

We have received your document for BETTER HEALTH RESOURCES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.1503 OR 617.1503, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

The document number of the name conflict is N16000004437.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 618A00000863

RECEIVED
JAN 26 2018

January 23, 2018

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

re: Better Health Resources, Inc.
Ref: No. W18000003821

Letter No. 618A00000863

State of Florida
County of Seminole

This affidavit is filed on behalf of:

Better Health Resources, Inc. (The "Dissolved Corporation")
Ref: No. W16000004437
A dissolved Florida corporation
(Date of Dissolution January 10, 2018)

Better Health Resources, Inc., the Dissolved Corporation, releases the corporate name "Better Health Resources, Inc. " and affirms that the Dissolved Corporation has no intention of revoking the dissolution and that the name Better Health Resources, Inc. may be used by the applicant in Reference No. W18000003821.

Dena R. Guthrie

Dena R. Guthrie
Vice President
Better Health Resources, Inc. (The Dissolved Corporation)
129 Spring Chase Circle
Altamonte Springs, FL 32714

Sworn to and subscribed before me this 23rd day of January, 2018 by Dena R. Guthrie as Vice President of Better Health Resources, Inc., a dissolved corporation, on behalf of the corporation. She is personally known to me.

Frank McMillan

Notary Public



**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. BETTER HEALTH RETOURCES 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. Oklahoma USA 3. 46-0505841
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Oct 21, 2002 (Revised 9/7/12) 5. NA
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 129 Spring Chase Circle Altamonte Springs FL 32714
(Principal office address)

(Current mailing address, if different)

8. Promote scientifically supported lifestyle health education programs, etc.
(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: Dena R. Guthrie

Office Address: 129 Spring Chase Circle

Altamonte Springs Florida 32714
(City) (Zip Code)

dena.guthrie@gmail.com

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.

Dena R. Guthrie
(Registered agent's signature)
Dena R Guthrie

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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Lyle Litzenberger
2090 Carpathian Drive
Apopka, FL 32712

Vice-Chair: Dena R. Guthrie
129 Spring Chase Circle
Altamonte Springs, FL 32714

Director: Reidland Bredy
541 Moree Loop
Winter Springs, FL 32708

Director: Stephen D. Gotshall
2525 Maitland Crossing Way #13302
Orlando, FL 32810

Director: _____

Address: _____

B. OFFICERS

President: Lyle Litzenberger
2090 Carpathian Drive
Apopka, FL 32712

Vice-President: Dena R. Guthrie
129 Spring Chase Circle
Altamonte Springs, FL 32714

Secretary: Reidland Bredy
541 Moree Loop
Winter Springs, FL 32708

Treasurer: Stephen D. Gotshall
2525 Maitland Crossing Way #13302
Orlando, FL 32810

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

13. Dena R. Guthrie
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Dena R. Guthrie Vice President
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC NOT FOR PROFIT CORPORATION**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that BETTER HEALTH RESOURCES, INC. whose registered agent is INCorp SERVICES, INC. with its registered office at 324 NORTH ROBINSON AVE., STE 100 OKLAHOMA CITY 73102 USA Oklahoma is a Domestic Not For Profit Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 7th, day of November, 2017.

Paul Lopez

Secretary Of State