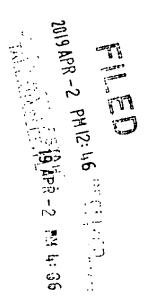
F1900001690

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
W19-33823						

Office Use Only



600327277316



S. PRATHER



April 3, 2019

COGENCY GLOBAL

SUBJECT: MERCOLA HEALTH EXPORTS, INC.

Ref. Number: W19000033823

We have received your document for MERCOLA HEALTH EXPORTS, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listedin #11 of this form.

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.

Stacy Prather Regulatory Specialist III

Letter Number: 419A00006630

Division of Control (1997) D.O. DOV 0007 (70.11.1)



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	04/02/2019	
	Merritt Walker	_
Reference	e #:1063486	_
Entity Nar	me: MERCOLA HEA	ALTH EXPORTS, INC.
Am Ch Re Co Me	cicles of Incorporation/Authorization mendment ange of Agent instatement enversion erger esolution/Withdrawal citious Name	PLEASE RETAIN ORIGINAL DATE OF SUBMISSION. 4/2/2019
Authorize	d Amount:\$70	
Signature	:um	

COVER LETTER

_	ration Section of Corpo					
	MERCOLA	HEALTH EXPORTS, INC.				
SUBJECT:		Name of corporat	ion - mus	t include suffix		
Dear Sir or Ma	adam:					
"Certificate of	Existence,	n by Foreign Corporation (" or "Certificate of Good S corporation to transact bus	itanding"	and check are subi	t Business in Florida," mitted to register the	
Please return a	•	ndence concerning this ma	tter to the	: following:		
···		Name	of Persor	1		
DUGGAN BEF	RTSCH, LLO	2				
		Firm/C	Company		<u> </u>	
303 W. MADIS	SON ST ST	E. 1000				
		Ac	ldress			
CHICAGO, IL	60606-3321					
		•	e and Zip	code		
DLITTWIN@	DUGGANB	ERTSCH.COM	,			
		E-mail address: (to be us	ed for ful	ure annual report r	iotification)	
For further inf	formation c	oncerning this matter, plea	se call:			
- Printege Entrino				263-8600		
Name	e of Person	at (. Area (/ Code	Daytime Telepi	hone 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 t	ne following amount:				
≘ \$70.00 Fil	ing Fee	S78.75 Filing Fee & Certificate of Status		.75 Filing Fee & tified Copy	S87.50 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. MERCOLA HEALTH EXPORTS, 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) DELAWARE (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 125 SW 3RD PLACE, STE, 205, CAPE CORAL, FL 33991 (Principal office address) 125 SW 3RD PLACE, STE. 205, CAPE CORAL, FL 33991 (Current mailing address, if different) S. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL, INC. Name: 115 NORTH CALHOUN STREET, SUITE 4 Office Address: Florida 32301 (Zip code **TALLAHASSEE** (City)

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.

(Registered gent'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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS 🖆 เอเกากก: 🛫 Vice Chairman: __ JOSEPH M. MERCOLA Director: 125 SW 3RD PLACE, STE. 205 Address: CAPE CORAL, FL 33991 STEVE RYE Director: 125 SW 3RD PLACE, STE, 205 Address: CAPE CORAL, FL 33991 **B. OFFICERS** STEVE RYE esident: 125 SW 3RD PLACE, STE. 205 Address: CAPE CORAL, FL 33991 Vice President: ___ AMALIA LEGASPI Secretary: 125 SW 3RD PLACE, STE. 205, CAPE CORAL, FL 33991 AMALIA LEGASPI Treasurer: 125 SW 3RD PLACE, STE, 205, CAPE CORAL, FL 33991 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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 hird degree felony as provided for in s.817.155, F.S. JOSEPH M. MERCOLA, DIRECTOR 13.

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

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MERCOLA HEALTH EXPORTS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF MARCH, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MERCOLA HEALTH EXPORTS, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202535236

Date: 03-28-19

4920301 8300 SR# 20192356341