

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN -9 PM 2:04

SUBJECT: NUTRI PRO INTERNATIONAL, 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", 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:

(Name of Person)

(Firm/Company)

(Address)

(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

B. ROBERT MOORE
(Name of Person)

at (404) 532-9810
Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. NUTAL PRO INTERNATIONAL, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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.)

2. GEORGIA 3. 58-2122315
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/02/1994 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1/6/95
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. 300 S CHEROKEE TR
WOODSTOCK GA 30188
(Current mailing address)

8. MARKETING PRODUCTS ON WHOLESALE BASIS
(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:

Name: DOX JOHNSON

Office Address: 358 E. ALTAMONTE DR
ALTAMONTE SPRINGS, Florida, 32701
(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.

Dox Johnson
(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.

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

A. DIRECTORS

Chairman: B. ROBERT MOORE
Address: 3005 CHEROKEE TR
WOODSTOCK GA 30188
Vice Chairman: MARION MOORE
Address: 3005 CHEROKEE TR
WOODSTOCK GA 30188
Director: N/A
Address: _____
Director: N/A
Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. OFFICERS

President: B. ROBERT MOORE
Address: 3005 CHEROKEE TR
WOODSTOCK GA 30188
Vice President: MARION MOORE
Address: 3005 CHEROKEE TR
WOODSTOCK GA 30188
Secretary: B. ROBERT MOORE
Address: 3005 CHEROKEE TR
WOODSTOCK GA 30188
Treasurer: B. ROBERT MOORE
Address: 3005 CHEROKEE TR
WOODSTOCK GA 30188

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

13. B. Robert Moore
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. B. ROBERT MOORE
(Typed or printed name and capacity of person signing application)

Secretary of State
Business Services and Regulation
Suite 315, West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 950050738
CONTROL NUMBER : 9420827
DATE INC/AUTH/FILED: 08/02/1994
JURISDICTION : GEORGIA
PRINT DATE : 01/05/1995
FORM NUMBER : 211

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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NUTRI PRO INTERNATIONAL, INC.
3005 CHEROKEE TRAIL
WOODSTOCK, GA 30188

CERTIFICATE OF EXISTENCE

I, **MAX CLELAND**, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

NUTRI PRO INTERNATIONAL, INC.
a domestic profit corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Max Cleland
MAX CLELAND
SECRETARY OF STATE

Verley J. Spivey
VERLEY J. SPIVEY
DEPUTY SECRETARY OF STATE

SECURITIES
656-2894

CEMETERIES
656-3079

CORPORATIONS
656-2817

CORPORATIONS HOT-LINE
404-656-2222
Outside Metro-Atlanta