# F9500004857



(City, State, Zip)

(Phone #)

800001499468 -05/26/95--01001--002 \*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USF ONLY

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### CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

	ration Name)	(Document #)	<u>5-[125</u> 3
2. (Corpor	ation Name)	(Document #)	
	ation Name)	(Document #)	<del></del>
(Corpor	aton Name) Pick up time	(Document #)  Certified Copy	
Mail out .	Will wait Photocopy	Certificate of Status	36/0/6
NEW FILINGS	AMENDMENTS		SECRETAR DIVISION OF C 95 OCT -6
Profit	Amendment		
NonProfit	Resignation of R.A., Office	er/Director	
Limited Liability	Change of Registered Ager	nt .	CORI
Domestication	Dissolution/Withdrawal		C I
Other	Merger		ILED RY OF STATE CORPORATIONS
OTHER FILINGS	REGISTRATION/ QUALIFICATION		
Annual Report	Foreign		
Fictitious Name	<del></del>		
Name Reservation	Limited Partnership		
	Reinstatement		
	Trademark	E	
CR2E031(10/92)	Other	Examiner's In	110815

RIDA DEPARTMEN

## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 31, 1995

METAGENICS 4403 VINELAND RD. B-12 ORLANDO, FL 32811

SUBJECT: ATLANTIC PRO-NUTRIENTS, INC.

Ref. Number: W95000011253

We have received your document for ATLANTIC PRO-NUTRIENTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Section 607.1502(4) or 617.1502(4), Florida Statutes, requires this office to collect a \$500 penalty fee for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the corporation qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1400.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

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 (904) 487-6095.

Jennifer Sindt

**Document Examiner** 

Letter Number: 095A00027274



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 23, 1995

METAGENICS 4403 VINELAND RD. B-12 ORLANDO, FL 32811

SUBJECT: ATLANTIC PRO-NUTRIENTS, INC.

Ref. Number: W95000011253

SECRETARY OF STATE DIVISION OF COAPORATIONS

This letter is in response to the application by foreign corporation for authorization to transact business in Florida that was previously submitted to this office for ATLANTIC PRO-NUTRIENTS, INC..

The referenced application states that the corporation has transacted business in the State of Florida since June 1, 1993. You were notified by letter dated May 31, 1995, that because of failure to obtain a certificate of authority prior to transacting business in the State of Florida, the corporation is liable for \$1400.00 in appropriate fees and penalties as set forth in Section 607.1502(4), Florida Statutes, (copy enclosed).

Until a response is received by this office concerning the prior notification, the application by foreign corporation for authorization to transact business in Florida will not be processed. If erroneous information was reflected on the previously submitted application, a sworn affidavit may be filed stating the correct date the corporation first transacted business in Florida, that the corporation did not transact business in Florida prior to the application filing year and that the information entered on such application is incorrect. Any such affidavit will be included with your original qualification documents.

Please provide your response to this letter within 30 days to avoid the necessity of further action.

If you have further questions concerning the filing of your document, please telephone the Foreign Qualification/Tax Lien Section at (904) 487-6091.

Jennifer Sindt Document Examiner

Letter No. 095A00039351

Enclosure



Secretary of State

September 18, 1995

METAGENICS 4403 VINELAND RD. B-12 ORLANDO, FL 32811

SUBJECT: ATLANTIC PRO-NUTRIENTS, INC.

Ref. Number: W95000011253

We have received your check for \$1400.00; however, the original application was returned to you with our letter of May 31, 1995, for corrections. Please make the necessary corrections and return the original application to our office.

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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 (904) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 595A00042702

ODRITINAL From EUINDELL SRNA י ארבש CITACK Jan 78.21

## 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 TO STATE OF FLORIDA:  1. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural programmership if not so contained in the name at present.)	
2. It is a positive or country under the law of which it is incorporated)  4. If El number, if applicable)  (Date of Incorporation)  (Duration: Year corp. will cease to exist or "perpetual"	<u></u>
6. JUNIT 1993 (Date first transacted business in Florida! (See sections 807.1501, 807.1502, and 817.155, F.S.)  7. JUNIT LAND RD. B-10  DRIADD FL 3 JJ 11  (Current mailing address)  8. DIJINT BATTON DE VITAMIN SUPERMENTS	SECRETARY OF STATE
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floridal P.  9. Name and street address of Florida registered agent:  Name: BLIAN BLANK BURN  Office Address: 4402 VIN FLANK RA, B-10  OLLARO, FL., Florida, 3281/ (Zip Code)	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above so corporation at the place designated in this application, I hereby accept the appointment of the place of the appointment of the service agent and agree to act in this capacity. I find the service of the appointment of the appointment of the service of the appointment of the appo	tated nt as

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 $H_{i}$ CC e 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.

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.

Vice President:  Address:  Secretary: Address:  Treasurer: Address:  NOTE: If necessary, You may attach an addendum to the application listing additional officers and/or directors.	A. DIRECTO	RS (Street	address or	nly- P. O	. Box NOT ac	ceptabl	•}
Address:  Director: Address: A	Chairman:		·	<del></del>			
Address:  Director: Address:  Director: Address:  Director: Address:  B.OFFICERS(Street address only P. O. Box NOT acceptable)  President:  DIACKBURN  Address:  Address:  Address:  Secretary: Address:  Treasurer: Address:  NOTE: If necessary, you may attach an addendum to the application allisting additional officers and/or directors.							
Director:  Address:  Director:  Address:  B.OFFICERS(Street address only- P. O. Box NOT acceptable)  President:  Address:  Address:  Address:  Address:  Secretary:  Address:  Address:  Treasurer:  Address:  NOTE: If necessary, you may attach an addendum to the application disting additional officers and/or directors.	Vice Chairman	:					<del></del>
Address:  Director:  Address:  B.OFFICERS(Street address only- P. O. Box NOT acceptable)  President:  DIACKBURN  Address:  Address:  Address:  Secretary:  Address:  Treasurer:  Address:  NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	Address:			<del></del>		<del></del>	
Address:  Director:  Address:  B.OFFICERS (Street address only- P. O. Box NOT acceptable)  President:  DIAL ANN FLORIT BLYO  OR LANN FL	Director:					95 0	SIAB
Director:  Address:  B.OFFICERS(Street address only- P. O. Box NOT acceptable)  President:  DRIAN  Address:  7200 HAWKINEJT BLVO  OR LAND  Vice President:  Address:  Secretary:  Address:  Treasurer:  Address:  NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.						<u> </u>	
Address:  B.OFFICERS(Street address only- P. O. Box NOT acceptable)  President:  Address:  Address:  Address:  Secretary:  Address:  Treasurer:  Address:  NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.				<del>-</del>			ARY CC
B.OFFICERS (Street address only- P. C. Box NOT acceptable)  President: BRTAN BLACKBURN  Address: DRIANN, FL 32/11  Vice President:  Address:  Secretary: Address:  Address:  Freasurer: Address:  NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	Director:					<b>-</b>	RPC
B.OFFICERS (Street address only- P. C. Box NOT acceptable)  President: BRTAN BLACKBURN  Address: DRIAND, FL 32/11  Vice President:  Address:  Secretary: Address:  Treasurer: Address:  NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	Address:					<u> </u>	ATIO
President:		·					S
Address:  Treasurer:  Address:  NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	Vice President		so, f	1 3	2811		
Treasurer:  Address:  NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	Secretary:					<del></del>	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.							<del></del>
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	Treasurer:						<del></del>
	Address:			<del></del>			
	. / / / //	ssary, you monal office:	ay attach	an addend	ım to the ap	plicatio	on
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	(Signature	of Chairman,	Vice Chairm	man, or any	officer listed	in numbe	Ē

File Wimber 5619-041-4



I, George H. Ryan. Secretary of State of the State of Illinois,



In Tr	stimony U	thereof, I heroto s	el
		e affixed the Great Scal	
the State of	Illinois this _	19TH	
day of	MAY	A.D., 19 _ 95	

George H Ryan SECRETARY OF STATE