

F980000001405

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: NATURE'S FIRST 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:

HARJIT SINGH

(Name of Person)

NATURE'S FIRST INC.

(Firm/Company)

3400 MCINTOSH ROAD, P.O. BOX 460700

(Address)

FORT LAUDERDALE, FLORIDA 33346

(City/State/Zip)

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

HARJIT SINGH

(Name of Person)

at

( 954 )

523-3750

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

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

MAILING ADDRESS:

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

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-10/20/97-01093-008

\*\*\*\*\*78.75 \*\*\*\*\*78.75

W97-23839

98 MAR 12 AM 8:30

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

October 20, 1997

HARJIT SINGH  
%NATURE'S FIRST INC  
3400 MCINTOSH ROAD  
FORT LAUDERDALE, FL 33346

SUBJECT: NATURE'S FIRST, INC.  
Ref. Number: W97000023839

We have received your document for NATURE'S FIRST, 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 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.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 597A00051121

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**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.**

1. NATURE'S FIRST INCORPORATED  
(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. DELAWARE 3. 65-077-1095  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 2, 1997 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. February 3, 1998  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. P.O. BOX 460700 3400 MCINTOSH ROAD  
FORT LAUDERDALE, FLORIDA 33346  
(Current mailing address)
8. MANUFACTURING/PACKAGING  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: HARJIT SINGH HARJIT SINGH  
Office Address: 2555 Mercedes DR. 2555 MERCEDES DRIVE  
FORT LAUDERDALE, FL FORT LAUDERDALE, 33316 FL  
Fort Lauderdale, FL, Florida, 33316  
(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.*

  
(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: (Street address ONLY - P.O. Box **NOT** acceptable)**

President, Secty and Treasurer HARJIT SINGH 33316 FL  
2555 Mercedes Drive Ft. Lauderdale

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**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: N/A

Address: \_\_\_\_\_

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: HARJIT SINGH

Address: 3400 MCINTOSH ROAD, P.O. BOX 460700

FORT LAUDERDALE, FL 33346

Director: N/A

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: HARJIT SINGH

Address: 3400 MCINTOSH ROAD, P.O. BOX 460700

FORT LAUDERDALE, FLORIDA 33346

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: HARJIT SINGH

SAME AS ABOVE

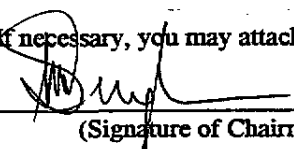
Address: \_\_\_\_\_

Treasurer: HARJIT SINGH

SAME AS ABOVE

Address: \_\_\_\_\_

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

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

14. HARJIT SINGH, PRESIDENT  
(Typed or printed name and capacity of person signing application)

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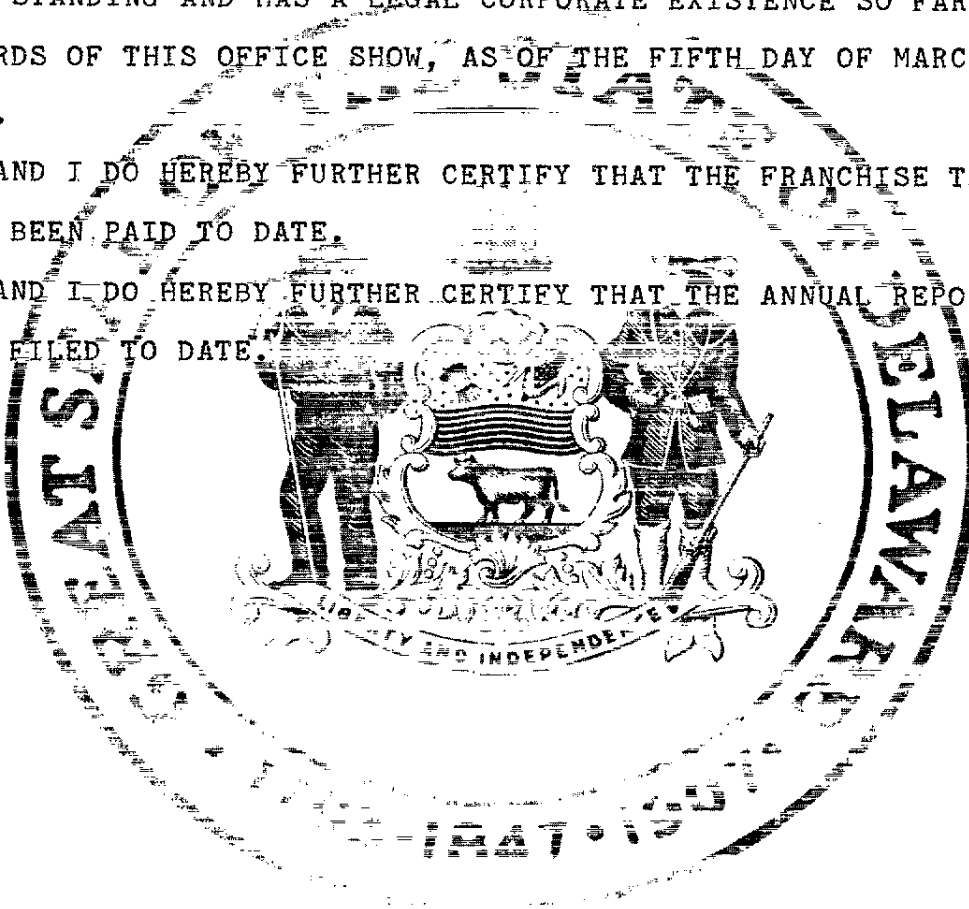
*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATURE'S FIRST 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 FIFTH DAY OF MARCH, A.D. 1998.

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

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



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DIVISION OF CORPORATIONS  
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*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE: 03-05-98