

# F98000004728

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Nutrapro, 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:

Gerald Schmoling (Name of Person) 000002602530-4  
-07/30/98-01031-003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Nutrapro, Inc. (Firm/Company)

PO Box 280201 (Address)

Tampa, FL 33682 (City/State/Zip)

FILED  
98 AUG 19 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Gerald Schmoling at ( 813 ) 269-4616  
(Name of Person) (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

W98-17317  
dls/19/98



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 30, 1998

GERALD SCHMOLING  
NUTRAPRO INC.  
P.O. BOX 280201  
TAMPA, FL 33682

SUBJECT: NUTRAPRO, INC.  
Ref. Number: W98000017317

FILED  
98 AUG 19 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for NUTRAPRO, 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):

A brief description of the entity's nature of business must be included in the document.

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) 487-6094.

Agnes Lunt  
Document Specialist

Letter Number: 498A00040065



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 7, 1998

GERALD SCHMOLING  
NUTRAPRO INC.  
P.O. BOX 280201  
TAMPA, FL 33682

SUBJECT: NUTRAPRO, INC.  
Ref. Number: W98000017317

FILED  
98 AUG 19 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

A brief description of the entity's nature of business must be included in the document.

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) 487-6094.

Agnes Lunt  
Document Specialist

Letter Number: 098A00041268

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

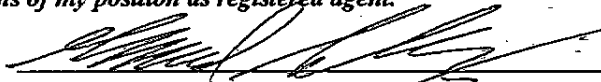
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Nutrapro, 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. Colorado 3. 84-1317964  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 25, 1995 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. July 1, 1998  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 16518 N. Florida Ave.  
Lutz, FL 33549  
(Current mailing address)
8. Market and distribute nutritional supplements  
(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: Gerald Schmoling
- Office Address: 16518 N. Florida Ave.  
Lutz, Florida, 33549  
(Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)

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

Chairman: Chris Shaver

Address: 401 N 1st Street

La Salle, CO 80645

Vice Chairman: Gerald Schmoling

Address: 16518 N. Florida Ave.

Lutz, FL 33549

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

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

President: Gerald Schmoling

Address: 16518 N. Florida Ave.

Lutz, FL 33549

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

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

Secretary: Amalia Schmoling

Address: 16518 N. Florida Ave.

Lutz, FL 33549

Treasurer: Chris Shaver

Address: 401 N. 1st Street

La Salle, CO 80645

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

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

14. Gerald Schmoling, President  
(Typed or printed name and capacity of person signing application)

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98 AUG 19 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



# STATE OF COLORADO

## DEPARTMENT OF STATE CERTIFICATE

FILED  
98 AUG 19 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, VICTORIA BUCKLEY, SECRETARY OF STATE OF THE STATE OF  
COLORADO HEREBY CERTIFY THAT

ACCORDING TO THE RECORDS OF THIS OFFICE

NUTRAPRO, INC.  
(COLORADO CORPORATION)

FILE # 19951106637 WAS FILED IN THIS OFFICE ON August 25, 1995  
AND HAS COMPLIED WITH THE APPLICABLE PROVISIONS OF THE  
LAWS OF THE STATE OF COLORADO AND ON THIS DATE IS IN GOOD  
STANDING AND AUTHORIZED AND COMPETENT TO TRANSACT BUSINESS  
OR TO CONDUCT ITS AFFAIRS WITHIN THIS STATE.

Dated: July 21, 1998

*Victoria Buckley*  
\_\_\_\_\_  
SECRETARY OF STATE