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SUBJECT:	TheA tour	dation	= .,	-
	(Name of cor	poration - must include suffix	x)	
Dear Sir or Mada	m:	•	- <u></u>	
The enclosed "Ap "Certificate of Ex- transact business	pplication by Foreign Corporation for sistence", and check are submitted to in Florida.	Authorization to Transact B register the above referenced	usiness in Flori foreign corpora	da", ation to
Please return all o	correspondence concerning this matte	r to the following:		
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		f Person)	<u> </u>	199-3734
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Panama City FL 32401				·
	(City/Sta	ate/Zip)	<del></del>	ws -
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Should you need t	to call someone concerning this matte	er, please call:	-02711/99- *****78.7	01051005 ?5 ****** <b>78-05</b> <b>78.7</b> 5
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Qualification/Tax Lien Section Division of Corporations		Qualification/Tax Lien Sec	tion	<b>A E C C C C C C C C C C</b>
409 E. Gaines St.		Division of Corporations P.O. Box 6327	<del></del>	· 355
Tallahassee, FL 3	2399	Tallahassee, FL 32314	<del></del>	STATE STATE 9: 32
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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 15, 1999

MICHAEL FAULHABER OTHEA FOUNDATION 201 E. 4TH ST. PANAMA CITY, FL 32401

SUBJECT: OTHEA FOUNDATION Ref. Number: W99000003736

SECRETARY OF STATE OF STATE OF COMPANIONS

We have received your document for OTHEA FOUNDATION 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 199A00006523

## 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. Other Foundation 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. Delaware  (State or country under the law of which it is incorporated)  (FEI number, if applicable)					
4. Oct 16 1996  (Date of incorporation)  5. Det Det Case to exist or "perpetual")					
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")					
Opate first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. PO Box 16687 Pahama City, #L32406					
(Current mailing address)					
8. Weight Loss and related Services, Energy box					
(1 in pose(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: Michael Faulhaber					
Office Address: 201 E 4th Street					
Pahaha City, Florida, 32401 (Zip code)					
(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					

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: lichael Faulhaber Vice Chairman: Address: Director: Address: Director: \_ Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: same as chall mah Vice President: Address: Treasurer: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OTHEA FOUNDATION" 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 AND I DO HEREBY FURTHER CERTIFY THAT



Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

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