

Division of	tion/Tax Lien Section of Corporations		* * * * * * * * * * * * * * * * * * * *			÷
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SHEC (Name of STREET ADDR) Qualification/Tax Division of Corpo	CHAN F Person) ESS: Lien Section orations	at (72	7 367 - Code & Daytime MAILING A Qualification/	ODRESS: Tax Lien Secorporations	SECRETAL TALLAHASS	3 7
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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. e Nutrition Center - com, 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.) Navada
(State or country under the law of which it is incorporated)

3. 59-357 0 0 2 4
(FEI number, if applicable) 4. Apr. 15, 1999

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. e Nutrition Center. Com, Inc., 130 Treasure Is. Causeway,
Sinte 105, Treasure Island, 7 L 33706
(Current mailing address) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: 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. Slaw Cl 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)

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	necessary, y	ou may attach ar	addendum to the	application	listing addit	ional officer	s and/or dire	ctors.	<u> </u>
	(Signat	ure of Chairman	, Vice Chairman,	or any offic	er listed in n	umber 12 of	ma f the applicat	L C Z-	0
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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ENUTRITIONCENTER.COM INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 15, 1999, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on April 22, 1999.

Secretary of State

Contification

Certification Clerk

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