

F99000002440
TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: HEALTH GENESIS CORP.
(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:

800002866748--5
-05/07/99--01048--005
*****87.50 *****87.50

David E. Arjona
(Name of Person)
HEALTH GENESIS, CORP.
(Firm/Company)
1111 Kane Concourse, Suite 201E
(Address)
Bay Harbor Islands, FL 33154
(City/State/Zip)

FILED
99 MAY -7 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
F99-2440

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

David E. Arjona at (305) 861-4874
(Name of Person) (Area Code & Daytime Telephone Number)

Name	<u>Arjona</u>
Availability	<u>2-512</u>
Signature	<u>[Signature]</u>
Printed Name	<u>[Signature]</u>
Address	<u>[Signature]</u>
City	<u>[Signature]</u>
State	<u>[Signature]</u>
Zip	<u>[Signature]</u>
Acknowledgement	<u>[Signature]</u>
W. P. Verifier	<u>[Signature]</u>

STREET ADDRESS:

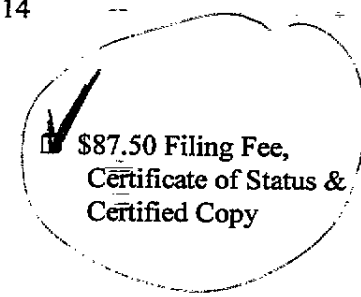
Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

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

1. HEALTH GENESIS CORPORATION
(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. ARIZONA, U.S.A (State or country under the law of which it is incorporated)
3. 58-2434277 (FEI number, if applicable)

4. 12-18-1998 (Date of incorporation)
5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. None as of yet (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. HEALTH GENESIS CORP. - 1111 KANE CONCOURSE, SUITE 201E
BAY HARBOR ISLAND, FLORIDA 33154
(Current mailing address)

8. Mail order business (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: David E. Arjona

Office Address: 1111 Kane Concourse, Suite 201E
Bay Harbor Island, Florida, 33154
(Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAY -7 PM 5: 00

FILED

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.

[Signature]
(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: David E. Arizona

Address: 1111 Kane Concourse, Suite 201E
Bay Harbor Island, FL 33154 USA

Vice Chairman: _____

Address: _____

Director: David Arizona

Address: 1111 Kane Concourse, Suite 201E
Bay Harbor Island, FL 33154

Director: _____

Address: _____

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

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

FILED
90 MAY -7 PM 5:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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. David E. Arizona

(Typed or printed name and capacity of person signing application)

STATE OF ARIZONA



Office of the
CORPORATION COMMISSION

To all to whom these presents shall come, greeting:

I, Stuart R. Brackney, Acting Executive Secretary of the Arizona Corporation Commission, do hereby certify that

*****HEALTH GENESIS CORP.*****

a domestic corporation organized under the laws of the state of Arizona, did incorporate on December 18, 1998.

I further certify that this corporation has filed all affidavits and annual reports and paid all filing fees required to date and, therefore, is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capitol, this 29th day of January, 1999, A. D.



Stuart R. Brackney
Acting Executive Secretary

BY: *D. C. [Signature]*