

M99000001995

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Alliance Health Products, LLC
(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:

800003037109--1

-11/05/99--01099--016

***293.75 ***130.00

Victor Mazzella

(Name of Person)

Victor Mazzella, CPA

(Firm/Company)

1408 S.E. 17th Ave. Suite F

(Address)

Cape Coral, FL 33990

(City/State/Zip)

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

Victor Mazzella

(Name of Person)

at (941) 772-2229

(Area Code & Daytime Telephone Number)

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

RECEIVED
TALLAHASSEE, FLORIDA

99 DEC 15 PM 5:06

FILED

SL



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 15, 1999

VICTOR MAZZELLA
VICTOR MAZZELLA CPA
1408 SE 17TH AVE SUITE F
CAPE CORAL, FL 33990

SUBJECT: ALLIANCE HEALTH PRODUCTS, LLC
Ref. Number: W99000026173

We have received your document for ALLIANCE HEALTH PRODUCTS, LLC and your check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 699A00054669

99 DEC 15 PM 5:06
FILED
TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Alliance Health Products, LLC
(Name of foreign limited liability company)

2. Nevada 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/19/99 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Has not yet begun
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 7181 College Pkwy Suite 30
Fort Myers, FL 33907
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

(MGRM) Misak Mall Units: 7181 College Pkwy, Suite 30, Ft. Myers, FL 33907

(MGRM) Comfort Zone, Ltd. 1408 SE 917th Ave. Suite F, Cape Coral, FL 33990

(MGRM) You Shop Smart.com, Inc. 7181 College Pkwy, Suite 30, Ft. Myers, FL 33907

(MGR) K. Michelle Chance 7181 College Pkwy, Suite 30, Ft. Myers, FL 33907

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Sale of Herbal

Victor Mazzella
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Victor Mazzella
Typed or printed name of signee

FILED
99 DEC 15 PM 5:06
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Alliana Health Products, LLC

2. The name and the Florida street address of the registered agent and office are:

Victor Mazzella, CPA
(Name)

1408 SE 17th Ave. Suite F
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Cape Coral FL 33900
City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Victor Mazzella
(Signature)

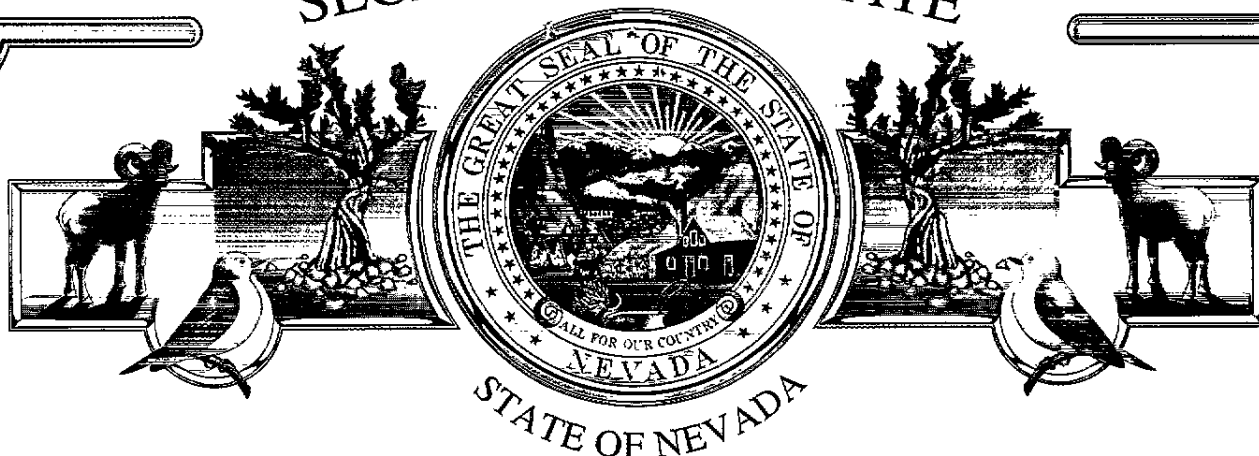
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

99 DEC 15 PM 5:06

FILED

SECRETARY OF STATE



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, **ALLIANCE HEALTH PRODUCTS, LLC** as a Limited Liability Company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 19, 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
Las Vegas, Nevada, on October 19, 1999.



Dean Heller

Secretary of State

By

Angela J. Lawrence
Certification Clerk