

No 8000005740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

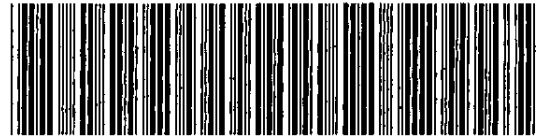
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Manner of Election
OK per
Diane Cushing 6/16/08

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUN 16 PM 4:26

gr 6/16/08

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 16 PM 4:26

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ALPS Research, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: L. (Lynn) Scott Higgins
Name (Printed or typed)

324 Orduna Dr.
Address

North Port, FL 34287
City, State & Zip

(941) 474-5884, x26
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

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ARTICLE I NAME

The name of the corporation shall be:

ALPS Research, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

324 Orduna Dr., North Port, FL 34287

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of ALPS Research, Inc. is to do nutrition, medical, and health research (initially, literary and theoretical reviews, then later combined with clinical-lab and client-centered).

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Initially, a Director(s) nominate an individual to the Board of Directors for election by the Board of Directors, who is then, upon majority vote by the Board of Directors, given to the Owner/CEO, President for his appointment or disapproval. Appointment is for life or at a time unable to carry out duties or resignation.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

1. Mr. L. (Lynn) Scott Higgins, 324 Orduna Dr., North Port, FL 34287; Owner/CEO, President
2. Mrs. Heidi M. Higgins, 324 Orduna Dr., North Port, FL 34287; Director of Internal Operations/Vice President
3. Mrs. Julie Taylor, 309 Oak St., Chaska, MN 55318; Director of External Operations/Vice President

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

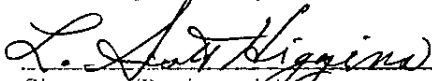
Mr. L. (Lynn) Scott Higgins, 324 Orduna Dr., North Port, FL 34287

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

L. (Lynn) Scott Higgins, 324 Orduna Dr., North Port, FL 34287


Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

06/11/08

Date



Signature/Incorporator

06/11/08

Date