

No 8000005740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

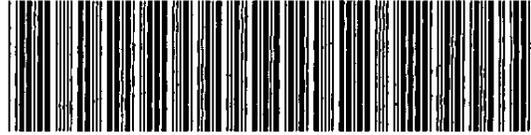
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
Manner of Election  
OK per  
Diane Cushing 6/16/08

Office Use Only



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

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COVER LETTER

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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:

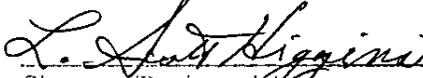
Mr. L. (Lynn) Scott Higgins, 324 Orduna Dr., North Port, FL 34287

**ARTICLE VII INCORPORATOR**

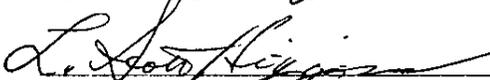
The name and address of the Incorporator is:

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