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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

Please retain original filing date of submission 1/31

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
OPO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	0806
Estimated Charge	$70.00

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2013

C T CORPORATION SYSTEM

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SUBJECT: OBAGI PHARMACY OPERATIONS
REF: W13000006288

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Alternate Name must contain a corporate suffix like "Inc.", "Incorporated", "Corp.", "Corporation", "Co.", or "Company".

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

FAX Aud. #: H13000024655
Letter Number: 713A00002551

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: OPO, Inc.
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," or "Certificate of Good Standing" 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:

Eisha Andrews
Name of Person

Obagi Medical Products, Inc.
Firm/Company

3760 Kilroy Airport Way, Suite 500
Address

Long Beach, CA 90806
City/State and Zip code

eishaa@obagi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Hunter at (562) 256-3014
Name of Person Area Code & Daytime Telephone Number

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STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- [x] $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 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.

1. OPO, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

Obagi Pharmacy Operations, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware
(State or country under the law of which it is incorporated)

3. 45-4321115
(FEI number, if applicable)

4. January 17, 2012
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. n/a
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9856 S Jordan Gateway, South Jordan, UT 84095
(Principal office address)

3760 Kilroy Airport Way, Suite 500, Long Beach, CA 90806
(Current mailing address)

8. E-commerce pharmacy and fulfillment operations
(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 NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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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.

Connie Bryan

Connie Bryan — Secretary
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: Albert F. Hummel

Address: 3760 Kilroy Airport Way, Suite 500

Long Beach, CA 90806

Director: _____

Address: _____

_____

B. OFFICERS

President: Albert F. Hummel

Address: 3760 Kilroy Airport Way, Suite 500

Long Beach, CA 90806

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

Treasurer: Preston S. Romm

Address: 3760 Kilroy Airport Way, Suite 500, Long Beach, CA 90806

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Preston S. Romm, Treasurer

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPO, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 0184219

DATE: 01-31-13