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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number ; (850)205-0383

From:

: GERALD WEINBERG, P.C. Account Name

Account Number: I20030000043 : (800)342-9856 : (800)354-3381 Fax Number

05 NOV 30 AM 8: 07

LIMITED LIABILITY COMPANY

BIOCELL NUTRACEUTICALS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ARTICLE I - Name:

The name of the Limited Liability Company is:

Orlando

BIOCELL NUTRACEUTICALS, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
697 North Semoran Boulevard	do Capraro, Centofranchi, Kramer, Tidona, Enoch & Co. PC	0
Suite B	110 Walt Whitman Road, Suite 205	27
Orlando, FL 32807	Huntington Station, NY 11746	05 NOV
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Jerry Veneza		30 AM 9:57
Na	me	
9802 Tivoli Villa Driv Florida street	'e t address (P.O. Box <u>NOT</u> acceptable)	

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.

P (KENDY)

City, State, and Zip

FL 32829

(CONTINUED)
Page 1 of 2

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ARTICLE IV- Manager(s) or Manager The name and address of each Manager			
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	Oscar Ramjeet 5 Fox Run Lane Lloyd Harbor, NY 11743		
MGR	Joseph Kramer 60 Ohio Avenue Massapegua, NY 11758		
MGR	Dr. Titus Venessa 5622 Elizabeth Rose Square Orlando, FL 32810	_ _	
MGR	Jerry Veneza 9802 Tivoli Villa Drive Orlando, FL 32829		
(Use attachment if necessary) ARTICLE V: Effective date, if other than the di (If an effective date is listed, the date must be:	ate of filing:	OPTIONAL) S	
to or 90 days after the date of filing.) REQUIRED SIGNATURE:	specific and cumot be more than xive bus	OF NOV 30 AT 9: 57 Siness days prior FILED FILED	
		9: 57 STATE ORIDA	
In accordance with section of this document constitute that the facts stated into	or an authorized representative of a member. on 608,408(3), Florida Statutes, the execution ea an affirmation under the penalties of perjury in are true.)		
Typed or printed name of signee			

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