

15000191264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

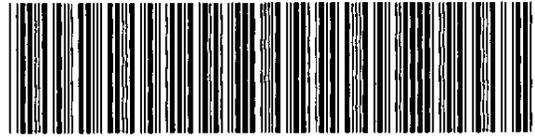
(Business Entity Name)

(Document Number)

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

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
REGISTRATION  
15 NOV 16 AM 10:55  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
15 NOV 16 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 16 2015  
T SCHROEDER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 871905 4311639

AUTHORIZATION :



COST LIMIT : \$ 155.00

ORDER DATE : November 13, 2015

ORDER TIME : 4:18 PM

ORDER NO. : 871905-005

CUSTOMER NO: 4311639

DOMESTIC FILING

NAME: DERMA GLOBA LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
DERMA GLOBA LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **Derma Globa LLC**

**ARTICLE II: - Address**

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

**3149 SW 42<sup>nd</sup> Street, #200  
Fort Lauderdale, FL 33312**

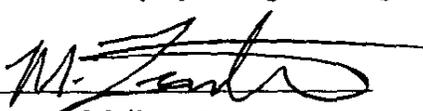
**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

**Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301**

*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 605, F.S.*

Corporation Service Company, as Registered Agent

  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
**Melissa Zender**  
**Asst. Vice President**

**ARTICLE IV: - Management**

The name and address of each person authorized to manage and control the limited liability company is as follows:

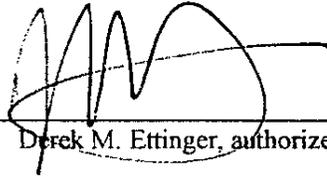
<u>Title:</u>	<u>Name and Address:</u>
AMBR	Be Powerful, LLC 3149 S.W. 42 <sup>nd</sup> Street, Suite #200 Hollywood, FL 33312

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 NOV 16 PM 12:16

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**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on November 13, 2015.



\_\_\_\_\_  
Derek M. Ettinger, authorized representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)

\_\_\_\_\_  
Derek M. Ettinger  
Typed or printed name of signee

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