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DEPARTMENT OF STATE
DIVISION OF CORPORATE
REGISTRATION

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15 NOV 16 PM 12:16

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 42nd Street, #200
Fort Lauderdale, FL 33312**

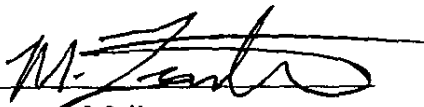
ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

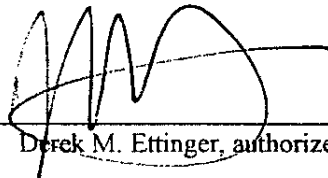
ARTICLE IV: - Management

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 nd Street, Suite #200 Hollywood, FL 33312

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TALLAHASSEE, FLORIDA

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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TALLAHASSEE, FLORIDA