

1201 HAYS STREET
TALLAHASSEE, FL 32310-2607

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L96000000733



networks

PROMETHEUS HALL
LEGAL & FINANCIAL SERVICES ACCOUNT NO. 072100000032

REFERENCE : 011608 7112390

AUTHORIZATION :

Patricia Pyzdek

COST LIMIT : \$ 285.00

ORDER DATE : July 8, 1996

ORDER TIME : 3:50 PM

ORDER NO. : 011608

CUSTOMER NO: 7112390

500001890345

CUSTOMER: Mr. John Fisher
MR. JOHN FISHER
5900 S.W. 16th Court
Fort Lauderdale, FL 33317

DOMESTIC FILING

NAME: LIPOCEUTICAL SCIENCES LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

cf
7/11/96

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUL 11 AM 10:12

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUL 11 AM 10:12

ARTICLE I - Name:

The name of the Limited Liability Company is:

LIPOCEUTICAL SCIENCES LLC

ARTICLE II - Address:

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

5900 S.W. 16TH COURT, PLANTATION, FL 33317

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

RICHARD A. CARIERI
JOHN FISHER

22333 ROMAR STREET, CHATSWORTH, CA 91311
5900 S.W. 16TH COURT, PLANTATION, FL 33317


AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

LIPOCEUTICAL SCIENCES LLC

deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 2,000.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____.
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ _____.
- 5) the total amount of 2, 3, and 4 is \$ 2,000.



Signature of a member or authorized representative of a member,
(In accordance with section 608.408(3), Florida Statutes, the
execution of this affidavit constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JUL 11 AM 10:12

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: LIPOCEUTICAL SCIENCES LLC

2. The name and address of the registered agent and office is:

CORPORATION SERVICE COMPANY

(Name)

1201 HAYS STREET

(P.O. Box or Mail Drop Box NOT acceptable)

TALLAHASSEE, FL 32301

(City/State/Zip)

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.

By: Carol K. Dolan

(Signature)

JULY 9, 1996

(Date)

Filing Fee: \$ 35 for Designation of Registered Agent