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-09/05/02--01026--007  
\*\*\*\*125.00 \*\*\*\*125.00

September 3, 2002

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Glades Pharmaceuticals, LLC

Dear Sir or Madam:

Enclosed please find an Application by Foreign Limited Liability Company For Authorization to Transact Business in Florida, a Certificate of Designation of Registered Agent/ Registered Office, and a check for \$125 for the Application Filing Fee and the Designation of Registered Agent.

Please return all correspondence concerning this matter to the following:

Melanie R. Castillo  
Glades Pharmaceuticals  
255 Alhambra Circle #1000  
Coral Gables, FL 33134

For further information concerning this matter, please Call:

Melanie R. Castillo at (305) 443-3800

Sincerely,

*Melanie R. Castillo*

Melanie R. Castillo  
Corporate Tax Manager

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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*WAL*

*CP*

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Glades Pharmaceuticals, LLC  
(Name of foreign limited liability company)

2. Georgia 3. 58-2113139  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4/1/02 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 4/1/02  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 500 Satellite Boulevard  
Suwanee, GA 30174  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Teresita L. Brunken 500 Satellite Blvd., Suwanee, GA 30174

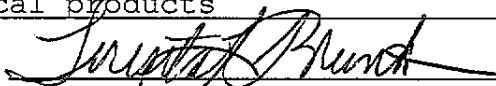
Brendan J. Murphy 500 Satellite Blvd., Suwanee, GA 30174

Charles W. Stiefel 500 Satellite Blvd., Suwanee, GA 30174

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10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: wholesale of  
dermatological products



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

Teresita L. Brunken

Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Glades Pharmaceuticals, LLC

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

Devin G. Buckley

(Name)

255 Alhambra Circle, Suite 1000

Florida street address (P.O. Box NOT ACCEPTABLE)

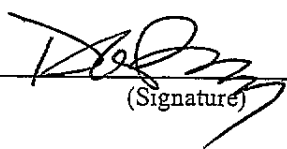
Coral Gables,

FL

33134

(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 as provided for in Chapter 608, F.S.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 022270229  
CONTROL NUMBER : 0215394  
DATE INC/AUTH/FILED: 03/27/2002  
JURISDICTION : GEORGIA  
PRINT DATE : 08/15/2002  
FORM NUMBER : 211

MELANIE R. CASTILLO  
255 ALHAMBRA CIRCLE, #1000  
CORAL GABLES, FL 33134

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**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**GLADES PHARMACEUTICALS, LLC**  
**A GEORGIA LIMITED LIABILITY COMPANY**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*Cathy Cox*

Cathy Cox  
Secretary of State