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Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 205-0383

**From:**

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

**FOREIGN LIMITED LIABILITY COMPANY****NEXMED, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

*BK*

Department of State 11/12/2002 9:00 PAGE 1/1 RightFAX



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

November 12, 2002

CORPORATE & CRIMINAL RESEARCH SERVICES

SUBJECT: NEXMED, LLC  
REF: W02000032220

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please give more complete addresses for the managing members listed in Item 9.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Buck Kohr  
Corporate Specialist

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DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 608.501, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Nexmed, LLC  
(Name of foreign limited liability company)
2. New York  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 46-0488104  
(File number, if applicable)
4. May 13, 2002  
(Date of Organization)  
Later of December 15, 2002 or date of effectiveness  
of qualification in Florida
5. perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 617.155, F.S.))
7. c/o Ellenoff Grossman Schole & Cyrulie LLP  
370 Lexington Ave, Suite 2203, New York, NY 10017  
(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:  
Claudio Jabif : Lukenor S.A. Minas 1634-CP11200, Montevideo, Uruguay  
Claudio Beinhecker : Lukenor S.A. Minas 1634-CP11200, Montevideo, Uruguay
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: any lawful  
act or activity as maybe conducted by foreign limited  
liability companies

Claudio Jabif  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.403(3), F.S., the execution of this document constitutes  
an affirmation under the penalties of perjury that the facts stated herein are true.)

Claudio Jabif

Typed or printed name of signer

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## 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:

Nexmed, LLC

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

NRAI Services, Inc.

(Name)

526 E. Park Avenue

Florida street address (P.O. 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 as provided for in Chapter 608, F.S.*

NRAI Services, Inc.

By

*Geraldine Miranda*

(Signature)

Geraldine Miranda, Assistant Secretary

\$ 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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**State of New York } ss:  
Department of State**

I hereby certify, that NEMKD, LLC a NEW YORK Limited Liability Company  
filed Articles of Organization pursuant to the Limited Liability Company  
law on 05/13/2002, and that the Limited Liability Company is subsisting  
as far as shown by the records of the Department.



\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 06th day of November  
two thousand and two.

A handwritten signature in dark ink, appearing to read "K. A. D.", is written over the printed name of the Secretary of State.

Secretary of State

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