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06-09-03

CONTACT:

Examiner's Initials

DATE:

REF. #: <u>10</u>)15.16688		
CORP. NAME: 1.	NANOBA	CLABS RESEARCH INSTITUTE	E, LLC
/) ADTICLES OF INCORD	ODATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT	OKATION	() TRADEMARK/SERVICE MARK	
() FOREIGN QUALIFICAT	rion .		(X) LIMITED LIABILITY
() REINSTATEMENT		() MERGER	() WITHDRAWAL
() CERTIFICATE OF CAN	CELLATION	`,	` '
() OTHER:			
STATE FEES PRE	PAID WI	TH CHECK# 505386 F	FOR \$ <u>160.00</u>
AUTHORIZATION	N FOR A	CCOUNT IF TO BE DEBITE	ED:
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() CERTIFICATE OF S	TATUS		

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

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

1. NanobacLabs Research Institute, LLC	
(Name of foreign	limited liability company)
₂ Delaware	3 55-0804532
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 8/29/02	5. perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon qualification	
(Date first transacted business in Florida. (Se	ee sections 608.501, 608.502, and 817.155, F.S.)
7. 2727 West M.L. King, Jr. Blvd., Suite 850	
Tampa, FL 33607	
(Street addres	ss of principal office)
8. If limited liability company is a manager-manage	d company, check here 🗹
9. The name and usual business addresses of the ma	naging members or managers are as follows:
Dr. Gary S. Mezo, 2727 West M.L. King, Jr	. Blvd., Suite 850, Tampa, FL 33607; Nancy M.
Schriewer-Mezo, same address; Seth P. Sl	ocum, Jr., same address; Dr. Benedict
Maniscalco, M.D., same address; Dr. E. Ola	ari Kajandar, M.D., PhD, same address;
Dr. Neva Ciftcioglu, PhD, same address	
the jurisdiction under the law of which it is organized. (A ph translation of the certificate under eath of the translator must	$\widetilde{m}_{\widetilde{G}} > 0$
11. Nature of business or purposes to be conducted	or promoted in Florida: pharmaceutical products,
(In accordance with section 608.408(3),	authorized representative of a member. F.S., the execution of this document constitutes erjury that the facts stated herein are true.)
	ed 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	f the Limited Liability Company is:		
NanobacLab	os Research Institute, LLC		
2. The name an	nd the Florida street address of the registered agent and office are:		
	Carter B. McCain, Esq.		
	(Name)		
400 N. Tampa Street, Suite 2300 Florida street address (P.O. Box NOT ACCEPTABLE)			
	(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)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NANOBACLABS RESEARCH INSTITUTE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JUNE, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NANOBACLABS RESEARCH INSTITUTE, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Farriet Smith Windson

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 2449280

DATE: 06-03-03.

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