

M03000003699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

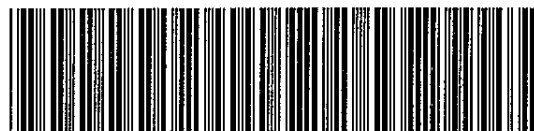
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 14, 2003

EVERT FOOTE
P.O. BOX 69
INTERLOCHEN, MI 49643

SUBJECT: LASER OPTIONS USA LLC
Ref. Number: W03000029646

We have received your document for LASER OPTIONS USA LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 203A00055963

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LASER OPTIONS USA LLC

October 1, 2003

Florida Department of State
Registration Section
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Application for Authorization to Transact Business in Florida

Dear Florida Department of State,

Relevant to filing an application as a foreign entity doing business in the State of Florida, we enclose the following documents:

1. "Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida".

Item 10 requires that we submit an original certificate of existence, no more than 90days old, duly authenticated by the official having custody record in the jurisdiction under the law of which it is organized. Please advised that the State of Michigan does not issue "certificates of existence". We have contacted them by fax and telephone on three different occasions relevant to this requirement. We provided the State of Michigan with a copy of your requirement. The State of Michigan has responded by faxing to us a filed and stamped "Articles of Organization", which is attached with their transmittal sheet. No other evidence of existence is available.

2. A copy of the State of Florida's Department of State evidencing registration of "Fictitious Name".

☒ P O Box 69
Interlochen, MI 49643
Telephone: (231) 276-9007
Fax: (231) 276-9095
e-mail: ELFoote@aol.com

☐ 3313 W. Commercial Blvd
Suite 113
Ft. Lauderdale, FL 33309
Telephone: (954) 731-5900
Fax: (954) 731-5044

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LASER OPTIONS USA LLC

3. A copy of the Department of Treasury's assignment of Employer Identification Number.
4. "Certificate of Designation of Registered Agent/Registered Office".
5. Our check in the amount of \$160.00, in payment of fees and requested copies.

Should you have questions regarding the enclosed documents, or require additional information, please contact me at your earliest convenience. I am located at the office and telephone number indicated below. In the event I am away from the office, you are authorized to speak with Cindy Vaughn at the same location and telephone number.

Kindest regards,

LASER OPTIONS USA LLC


Evert L. Foote
Sole Member

☒ P O Box 69
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**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:*

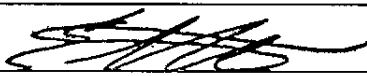
1. Laser Options USA LLC
(Name of foreign limited liability company)
2. State of Michigan 3. 37-1472745
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. July 25, 2003 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. September 2, 2003
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. _____
- 3313 W. Commercial Blvd., Suite 113, Ft. Lauderdale, FL 33309
(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:

Evert L. Foote (Sole Member), P.O. Box 69, Interlochen, MI 49649

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: Smoking cessation & weight loss



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.)

Evert L. Foote

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:

LASER OPTIONS USA LLC

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

Juli Wolf

(Name)

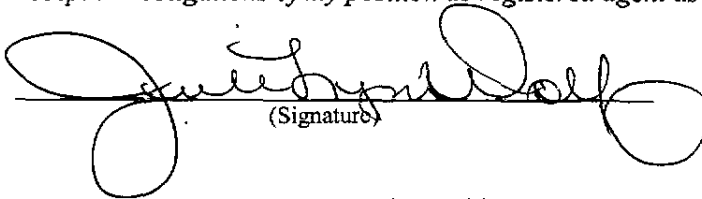
3313 W. Commercial Blvd., Suite 113

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

Ft. Lauderdale FL 33309

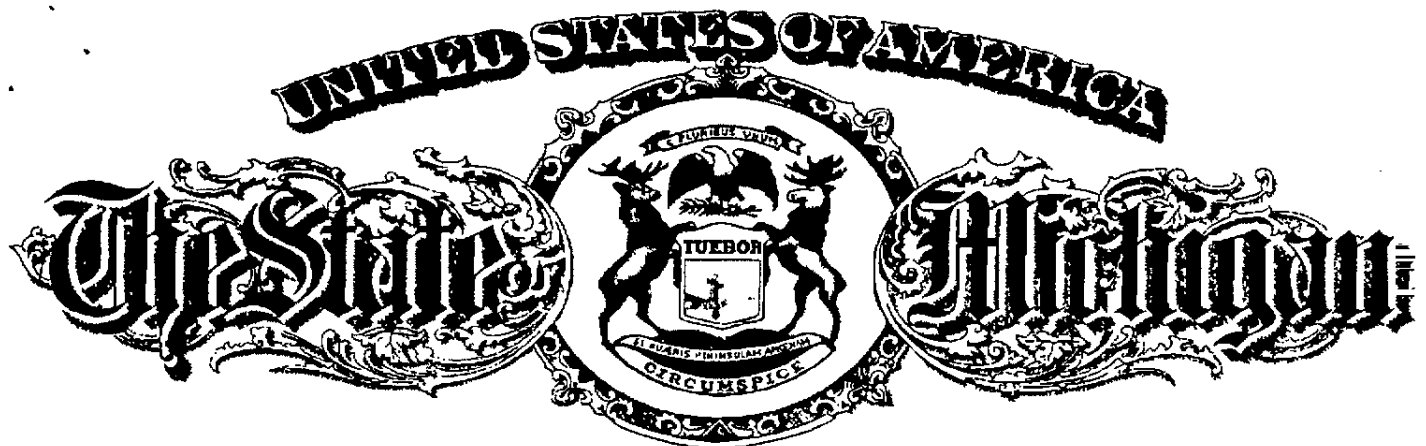
(City/State/Zip)

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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Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

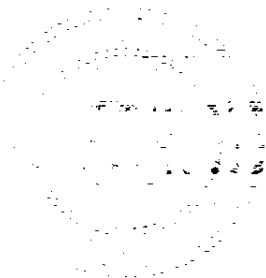
LASER OPTIONS USA LLC

was validly organized on September 2, 2003 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 23rd day of October, 2003*



Andrew S. Mettelf
Bureau of Commercial Services

,Director