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IVISION OF CORPORATIO

FOREIGN LIMITED LIABILITY COMPANY

S.P.I.N.E., LLC

Certificate of Status	0
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APPLICATION :		indeed Liability Company)  3. NVA  ability (Pkil mumber, if applicable)  4. Perpecual (Danations Vear limited liability somptiny will cease to excist or "perpecual")  1. State of Principal Office)  1. Sold P.S. to determine penalty liability)  Address of Principal Office)  1. In managing members or managers are as follows:  1. In managing members or managers are as follows:  1. Sold p. Sold only anthericated by the official having custody officeasts in the company is not accompanied. If the conficults is a 2 floring language, 2		
IN COMPLIANCE WITH LIMITED LABILITY COM	SECTION GUISOS, FLORIDA STATUTE PANTTO TRANSACT BUSINESS IN THE	S THE FOLL STATE OF FLA	OPUNG IS SUBMITTED TO REGISTER A FORE ORUM:	SIGN
. SPINE, LLC				
			-sy)	
2 Delaware (Jurisdiction under the company is organized)	law of which foreign limited Nability	WA	(Fki number, if applicable)	
<b>,</b>	(Organization) 5	Duration	Year limited liability company will cease to expectual")	
6. N/A	(Date first transacted business in Flo (See sections 608-501 & 608-502 F.S.	rida, if prior is to determine p	oregistration.) country liability)	
7. 9834 SE Crape Mynle	CL, Hobe Sound, FL 33455	<del></del>		
	(Street Address o	f Principal Of	(lice)	
S. If limited liability	company is a manager-mapaged	compeny. o	heck here	
	• • •	- ,.		
9. The name and usu	al business addresses of the mana	ging memb	ers or managers are as follows:	
Christina van Vliet				
0814 SE Cons Mun	le Ct., Hobe Socied, FL 33455			
200 4 DD Graphs (1/1)				
the jurisdiction under the literature in the continuent of the continuent in the con	aw of which it is organized. (A photocopy comier cash of the translator must be subm	rismoteccoptal rived.)	de. If the conficue is in a fineign languege, a	kin
11. Nature of busine	ss or purposes to be conducted or	promoted is	n Florida: Design and distribution	
of artifact	s.			
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	Signature of a member or an aut (in secondance with scaling 503-408(3), 2. an offirmation under the penalties of perju	S., the executory ty that the fact	n of this declinated COMMINICAL	
	Christina v			
MAT-SAMACT DATE: Oil	Typed or printed	name of sig	luse	

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Month of the Control 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.

S.P.INE, LLC				
2. The name and the Florida str	eet address of the regi	istered agent a	and office are;	
	C T Corporation	s System		
<del></del>	(Neme	)		
	1200 South Pinc 1	Island Road		
Flori	da Street Address (P.O. B	OX NOT ACCEP	TAGLE)	
Pla	ашен порша	IL	33324	
<del></del>	City/su	rie/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, Florida Statutes.

C I Corporation System Signature)

The manner of the Film to State State Commence to

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

## Delaware

PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "S.P.I.N.E., 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 SEVENTH DAY OF APRIL, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE AMNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.





Harriet Smith Hindson
Harrier Smith Windson Secretary of Scate

AUTHENTICATION: 3797160

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