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ACCOUNT NO. : 072100000032

408504 REFERENCE 4311863 AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DAI	re :	June	3,	2005
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ORDER TIME : 2:11 PM

ORDER NO. : 408504-020

CUSTOMER NO: 4311863

CUSTOMER: Ms. Ivy Shapiro Blank Rome Llp

9th Floor, One Logan Square

18th And Cherry Street

Philadelphia, PA 19103-6998

FOREIGN FILINGS

NAME: PHYSICIAN ENDORSED, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Physician Endorsed, LLC	ign limited liability company)
(Name of foreign	ign limited fishinty company)
Delaware	3. 71-0886649 V
(Jurisdiction under the law of which foreign limited liability company is organized)	ty (FEI number, if applicable)
May 13, 2002	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
Not yet started doing business in l	Florida (See sections 608.501, 608.502, and 817.155, F.S.)
	too occom compay, company min or (1204) recy
409 Hendricks Isle	
Fort Lauderdale, FL 33301	
(Street add)	iress of principal office)
TAN 4. 44 149.	
If limited liability company is a manager-manager	ged company, check here
The name and usual business addresses of the m	nanaging members or managers are as follows:
Michael Margulies, 409 Hendricks I	Tale Fort Lauderdale, FL 33301
Machine Languages	
Elissa Margulies, 409 Hendricks Is	sle, Fort Lauderdale, FL 33301
). Attached is an original certificate of existence, no more that	an 90 days old, duly authenticated by the official having custody of recor
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 eath of the translator mus	ist be submitted.)
. Nature of business or purposes to be conducte	ed or promoted in Florida. The sale of
1. Training of pharmons or harhones so so congress.	THE OF PERSONS AND ADDRESS OF THE PERSON ADDRESS OF TH
	1
skin conscious clothing and access	ories to block narmiul sun rays
	ories to block narmful sun rays
Inn	
Signature of a member or ar	n authorized representative of a member.
Signature of a member or ar In accordance with section 608.4080	n authorized representative of a member. (3), F.S., the execution of this document constitutes
Signature of a member or ar In accordance with section 608.4080	in authorized representative of a member. (3), F.S., the execution of this document constitutes f perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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:					
Physician Endorsed, LLC					
2. The name and the Florida street address of the registered agent and office are:					
Michael Margulies (Name)					
(A tention)					
409 Hendricks Isle					
Florida street address (P.O. Box NOT ACCEPTABLE)					
Fort Lauderdale FL 33301					
(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.

/MM (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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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHYSICIAN ENDORSED, 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. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHYSICIAN ENDORSED, LLC" WAS FORMED ON THE THIRTEENTH DAY OF MAY, A.D. 2002.

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



Warriet Smith Hindson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3925820

DATE: 06-03-05

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