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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 Phone : (770)777-2091 Fax Number : (770)220-1943

FOREIGN LIMITED LIABILITY COMPANY D'ARCY LABORATORIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	·,
SUBJECT: D'ARCY LABORATORIES, LLC	
	ited Liability Company)
Florida," Certificate of Existence, and check are su liability company to transact business in Florida	bility Company for Authorization to Transact Business in ibmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	atter to the following:
Sharon M. Knox	
(Na	ne of Person)
Triad Professional Services, LLC	
(Fir	m/Company)
2050 Marconi Drive, Suite 150	
	(Address)
Alpherolta, Georgia 30005	
(City/Str	ate and Zip Code)
For further information concerning this matter, plea	ase call:
Sharon M. Knox	at (770) 777-2091 S
(Name of Person)	(Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahasece, Florida 32399	Tallahassee, Florida 32314
the first transfer of the second of	
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee □ \$136.00 Filing Fee & Certificate of:	M \$155.00 Filing For & A \$160.00 Filing For, Conflicate Status Certified Copy of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Glands E. Hood Secretary of State

June 8, 2005

TRIAD PROFESSIONAL SERVICES, LLC

SUBJECT: D'ARCY LABORATORIES, LLC

REF: W05000028276

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.

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) 245-6967.

Michelle Hodges
Document Specialist

FAX Aud. #: H05000141794 Letter Number: 005A00040128

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

IN COMPLIANCE WITH SECTION MESSE, FLORIDA STATUTES, THE FOLLOWING IS SURMITTED TO REGISTER A POREMIN LIMBED LIABILITY COMPANY TO TRANSACT FUNDINESS DITHE STATE OF FLORIDA: 1 D'ARCY LABORATORIES, LLC (Name of Pereign Limited Ciability Company) 2. Delaware 03-0562246 Unishietion under the law of which foreign limited Hability t FEI number, if applicable) company is organized). 5. Parpetual 05/27/2005 (Digation: Year limited liability company will coase to (Date of Organization) exist or "perpetual") 6. Upon qualification (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to describe penalty liability) 7 2015 SW 2nd Street, Pompano Beach, Florida 33069 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 🗹 The name and usual business addresses of the managing members or managers are as follows: Arry Nicolo / Richard Nicolo - 2015 SV/ 2nd Street, Pompano Beach, FL 33069 James W. Herpel - 180 Royal Palm Way, Palm Beach, FL 33460 Shaun L. McGruder - 180 Royal Palm Way, Palm Beach, FL 33480 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having costody of records in the jurisdiction undertibe 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 each of the translator must be subquitted.) 11. Nature of business or purposes to be conducted or premoted in Florida: Manufacture and sale of personal care products. Signature of a member or an authorized representative of a member. the approximate with rection 600,408(1), F.S., the execution of this document constitutes an affirmation waster the panellies of perjury that the facts stated herein are true.)

Typed or printed name of signee

(((H050001417943)))

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.

NRAI Services, Inc.	
	(Name)
2731 Executive Park	
Florida St	rect Address (P.O. Box <u>FOT</u> ACCEPTABLE)
Maston	FL 33331
	City/State/Zip

\$ 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 "D'ARCY LABORATORIES, 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 BIGHTH DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "D'ARCY LABORATORIES, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2005.

AND I DO HERESY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Harriet Smith Mindron Serricity of Sing 4175

3976874 8300

050477650

DATE: 06-08-05