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From:

Account Name : Florida Research & Filing Services, Inc.

Account Number : I20030000083 Phone : (850)656-6446 Fax Number : (850)942-6446

FLORIDA/FOREIGN LIMITED LIABILITY CQ

NOVASAN, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Registration Section

Division of Corporations

SUBJECT: Novasan, LLC

(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Lynn Jacobs

(Name of Person)

Boult Cummings Conners & Berry, PLC

(Firm/Company)

1600 Division Street, Suite 700

(Address)

Nashville, TN 37167

(City/State and Zip Code)

For further information concerning this matter, please call:

Lynn Jacobs

at (615) 252-3525

(Name of Person)

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

Certified Copy

\$155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy

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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. Novasan, LLC
(Name of Foreign Limited Liability Company)
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. December 27, 2005 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 700 11th Street S., Suite 101
Naples, FL 34102
(Streef Address of Principal Office)
(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:
Richard L. Scott Florida Trust, managing member
700 11th Street S., Suite 101
Naples, FL 34102
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 onth of the translation must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: nutrition company
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 perguy that the facts stated herein are true.)
ROBERT AVERICK
Typed or printed name of signee

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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.

I. The name of	f the Limited Liability Com	pany is:					
Novasan,	LLC						
2. The name ar	nd the Florida street address	of the regist	ered agent and o	ffice are:			
	NRAI Services, Inc.	(Name)				i	
	2731 Executive Pa		Suite 4	2) V		21	0
	Weston	FL City/State	33331 /Zip	=		2006 FEB -	SECRE I
liability company agent and agree relating to the p	med as registered agent and by at the place designated in to act in this capacity. I fur roper and complete perform position as registered agen (Signature) Action, Special	this certificate ther agree to ance of my du	, I hereby accept comply with the p ties, and I am far for in Chapter 6	the appointment provisions of all miliar with and t	nt as registere siatutes accept the	-6 MIII: 16	ARY OF STATE

\$ 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 "NOVASAN, 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 SIXTH DAY OF FEBRUARY, A.D. 2006.

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

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

DIVISION OF CORPORATION

2006 FEB -6 AM II: 16



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4501732 H06000032971 DATE: 02-06-06

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