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To:

Division of Corporations

Tax Number : (850)205-0383

From:

Account Name : BERGER SINGERMAN - FORT LAUDERDALE

Account Number: I20020000154 : (954)525-9900 Phone Fax Number : (954)523-2872

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Liberopax LLC

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

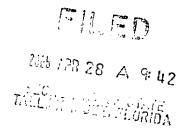
IN COMPLIANCE WITH SECTION SORSE, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIMBILITY COMPANY TO TRANSACT BUSINESS IN	IN THE STATEOFFLORIDA:
1. LIBEROPAX LLC	
(Nama of Foreign Lim	rafted Gability Company)
 Deleware (Insisting under the law of which foreign limited liab) company is organized) 	illly (FEI number, if applicable)
4. October 14, 1999 (Date of Organization)	5. Derpotual (Duration: Year limited liability company will cause to exist or "perpetual")
6. Upon filing (Date that transacted business (See sections 608.50) & 608.50)	8 in Plorida, if prior to registration.) 02 F.S. to detarmine pensity liability)
7. 17824 Fieldbrook Circle West	
Boca Raton, FL 33496	odrsta of Principal Offica)
8. If limited liability company is a manager-mana	naged company, check here 🔽
The name and usual business addresses of the	managing members or managers are as follows:
Robell Libero, 17824 Fieldbrook Circle \	West, Boca Raton, FL 33496
	uan 90 days old, duly authenticated by the official having custody officentis i otocopy is not acceptable. If the certificate is in a foreign language, a be submitted.)
11. Nature of business or purposes to be conducted	ted or promoted in Plorida: Licensing of Patents
	>
	5 -
Signature of a member or a fix secondance with sention 692.408 as affirmation under the penalties o	an authorized representative of a member. 18(3), F.S., the execution of this document constitutes of perjusy that the facts stand bornin are time.)
	horized Representative
Typed or pri	rinted name of signee

1. The name of the Limited Liability Company is:

Liberopax LLC

*0*03



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.

	BSPA Corporate Services, Inc.
	(Name)
	350 E. Las Olas Blvd., Suite 1000
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Ft. Lauderdale, pr. 33301
	City/State/Zip
liability com agent and ag relating to th	n named as registered agent and to accept service of process for the above stated limited grany at the place designated in this certificate, I hereby accept the appointment as register gree to act in this capacity. I further agree to comply with the provisions of all statutes he proper and complete performance of my diales, and I am familiar with and accept the of my position agreestered agent as provided for in Chapter 608, Florida Statutes. (Signature)

\$ 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 "LIBEROPAX 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 TWENTY-SIXTH DAY OF APRIL, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIBEROPAK LLC" WAS FORMED ON THE FOURTEENTH DAY OF OCTOBER, A.D. 1999.

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



3110900 8300

060388831

Warriet Smita Hindan
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4699325

DATE: 04-26-06