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SECRETARY OF STATE ALLAHASSEE, FLORIDA

JUL 24 P I:

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Oral Delivery Technologies LC (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:
JANET A. LINNELL (Name of Person)
(Name of Person)
Oral Delivery Technologies, LTC (Firm/Company)
3175 South Congress Ave # 250 2 1
Palm Springs FL 33461 BB 2 (City/State and Zip Code)
For further information concerning this matter, please call:
TANET A. LINNUL at (501) 969-1944 LYT 104 (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: \$\Bigsim \mathbb{S}\frac{125.00}{125.00}\$ \text{ Filing Fee} \text{ \$\Bigsim \mathbb{S}\frac{155.00}{155.00}\$ \text{ Filing Fee & \$\Bigsim \mathbb{S}\frac{160.00}{160.00}\$ \text{ Filing Fee, Certificate of Status } \text{ Certified Copy of Status & Certified Copy}\$



June 9, 2006

JANET A. LINNELL ORAL DELIVERY TECHNOLOGEIS, LLC 3175 SOUTH CONGRESS AVE., #204 PALM SPRINGS, FL 33461

SUBJECT: ORAL DELIVERY TECHNOLOGIES LLC

Ref. Number: W06000026571

We have received your document for ORAL DELIVERY TECHNOLOGIES LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

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) 245-6913.

Letter Number: 506A00039820

Diane Cushing
Document Specialist Supervisor

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.	Oral Delivery Technologies LLC (Name of Foreign Limited Liability Company)
2.	(Jurisdiction under the law of which foreign limited liability (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
4.	(Date of Organization) 5. Per Rehusl (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.	Palm Springs FL 33461 (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:
	Palm Springs Fl 33461
th: tra	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida:
	Signature of a member or an authorized representative of a member of an accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee

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.

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1. The name of the Limited Liability Company is:
Oral Delivery Technologies, LLC
2. The name and the Florida street address of the registered agent and office are:
JANET A. LINNULL (Name)
3175 S Congress Are Suite 204 Florida Street Address (P.O. Box NOT ACCEPTABLE)
Paln Springs Fl 33461 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, Florida Statites.

By: Signature) Linnell

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



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORAL DELIVERY TECHNOLOGIES, 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 JULY, A.D. 2006.

TALLAHASSEF, FIGBIO



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Darriet Smila Hinden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4883833

DATE: 07-07-06