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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2006

CAREY BLAXBERG 2837 1ST AVENUE S ST. PETERSBURG, FL 33713

SUBJECT: DIVIN DERMATOLOGY, PLLC

Ref. Number: W06000007663

We have received your document for DIVIN DERMATOLOGY, PLLC and Four check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the usual business addresses of its managing members or managers.

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) 245-6020.

Letter Number: 506A00011216

Tammi Cline Document Specialist



March 2, 2006

CAREY BLAXBERG 2837 1ST AVENUE S SANDERS LAW GROUP, P.A. ST. PETERSBURG, FL 33713

SUBJECT: DIVIN DERMATOLOGY, PLLC

Ref. Number: W06000007663

We have received your document for DIVIN DERMATOLOGY, PLLC and Your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the usual business addresses of its managing members or managers.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 506A00011216



September 5, 2006

CAREY BLAXBERG 2837 1ST AVENUE S SANDERS LAW GROUP, P.A. ST. PETERSBURG, FL 33713

SUBJECT: DIVIN DERMATOLOGY, PLLC

Ref. Number: W06000007663

2006 SEP -5 PM 1: 54

We have received your document for DIVIN DERMATOLOGY, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 506A00011216

COVER LETTER

Division of Corporations	
SUBJECT: Divine Dermatology, PL	LC
	ne of Limited Liability Company)
	mited Liability Company for Authorization to Transact Business in eck are submitted to register the above referenced foreign limited Florida
Please return all correspondence concerni	ing this matter to the following:
Carey Blaxberg, E	sq.
	SQ. (Name of Person)
Sanders Law Group	, P.A.
	(Firm/Company)
2837 1st Ave S	
	(Address)
St. Petersburg, F	L 33713
	(City/State and Zip Code)
For further information concerning this n	natter, please call:
Carey Blaxberg	at (_727) 328-7755
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following am \$\begin{align*} \begin{align*} a	

. No. 8102 P. 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO 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:

Divine Dermetology, PLLC						
(Name of Foreign Lim	nited Li	ibility Compan	y)			
<u>Michigan</u>	3.	71-095519	96			°==
(Jurisdiction under the law of which foreign limited liab company is organized)	oility		(FEI numbe	r, if applicable	e) Exico	JIG SEP
11-15-2003	5,	perpetus	al_			1
(Date of Organization)		(Duration:) exist or "per	ear limited in patual")	isbility comps	ny will gone	e to CI
5. (Date first transacted business (See sections 608.501 & 608.50	s in Flor 02 F.S.	ide, if prior to s to determine pe	egistration.) nalty liability	<i>'</i>)	ه شمیر ۱۳۶۱ ۱۳۶۲	
7. 6776 Candlewood Trail					···	
W. Bicomfield, MI 48322						
(Street Ad	ddress o	f Principal Offi	ce)			
8. If limited liability company is a manager-man	_	* * -		_		
The name and usual business addresses of the	e mana	ging membe	rs or mana	gers are as f	ollows:	
Grol Sins						 ,
6776 Candlewood trail	-		2.127, ·· - · · · · · · · · · · · · · · · · ·			
W. Bloomfield, ME 483 22						
10. Attached is an original criticate of existence, no more in the jurisdiction under the law of which it is organized. (A pla translation of the certificate under cath of the translator unust) 11. Nature of business or purposes to be conduc-	hotocop the subn	ris not acceptable sitted.)	le. If the certi	icate is in a fo	reign langua	
(Dermatology)		11		37 :		
		i.	SPE	th.		_
Signature of a member or (In accordance with section 608.4) an affirmation under the penalties	408 <i>(</i> 3), F	S., the execution	of this docum	ent constitutes	r.	
Carol Sime					-	
Typed or p	printed	name of sign	7,55			

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.

1. The name of the Limited Liability Company is:	2006 SEP
Divine Dermatology, PLLC	TO SE
2. The name and the Florida street address of the registered agent and office are:	PH PH
Accounting & Tax Management, Inc.	- जिस्से क् इंटर्स
(Name)	
253 Corey Ave	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	_
St. Pete Beach FL	_
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 neglistered agent as provided for in Chapter 608, Florida Statutes.

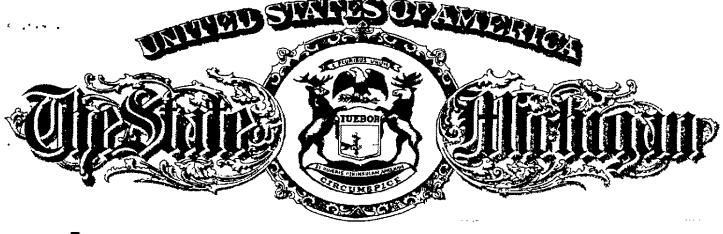
(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



Michigan

Michigan Department of Labor & Economic Growth

Lansing, Michigan

This is to Certify That

DIVINE DERMATOLOGY PLLC

was validly organized on November 5, 2003 as a Professional Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

(2) 15, 00

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 20th day of January, 2006

Bureau of Commercial Services

.Director