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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing/Officer:	. /
	Office Use Only	



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ACCOUNT NO. : 072100000032
REFERENCE : 715276 169703A 27
AUTHORIZATION:
COST LIMIT : \$ 125.00
ORDER DATE : January 16, 2007
ORDER TIME: 10:49 AM
ORDER NO. : 715226-005
CUSTOMER NO: 169703A
FOREIGN FILINGS
NAME: NEW CELLS AMERICA, LLC
XXXX QUALIFICATION (TYPE: LL)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY
CONTACT PERSON: Amanda Haddan EXT# 2955
EXAMINER:

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:

New Cells America, Ll	LC		•	FC 9
	(Name of Foreign Limited	Liability Company)		FL S
Delaware		3. 20-820496		至
urisdiction under the lompany is organized)	aw of which foreign limited liability	(FEI nu	mber, if applica	able) SSLL Flase to apany will coase to
January 4, 2007		5. Perpetual		
(Date of	Organization)	(Duration: Year limit exist or "perpetual")	ed liability com	ipany will cease t
N/A				10 P
	(Date first transacted business in Fi (See sections 608.501 & 608.502 F.S	lorida, if prior to registrations, to determine penalty liab	on.) oility)	
3891 Stirling Road, St		<u> </u>		
Hollywood, FL 33432	2			
	(Street Address	s of Principal Office)		
Mr. Eyal Ross	ll business addresses of the mar	wking members of ma	magers are as	10110M2;
3891 Stirling Road, S	Suite 7W			
Hollywood, FL 3343	2			
urisdiction under the law Mation of the certificate	certificate of existence, no more than 90 w of which it is organized. (A photocop under oath of the translator must be sub s or purposes to be conducted o	by is not acceptable. If the committed.)	ertificate is in a f	foreign language, a
dietary supplements	. A	**		
	Will Bly	***************************************		
	Signature of a member or an au (In accordance with section 608.408(3), I an affirmation under the penalties of per William H. Behr - Authorized Repre	FS., the execution of this doc jury that the facts stated herei	ument constitutes	
	Typed or printer	d 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.

1. The name	of the Limited Liability Co	ompany is:	
New Cells Am	nerica, LLC		<u> </u>
2. The name	and the Florida street addr	ess of the registered agent and office	are:
	Corporation Service Comp	any	
		(Name)	
	1201 Hays Street		
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	
		City/State/Zip	····
liability comp agent and ag relating to the obligations o	pany at the place designated ree to act in this capacity. I e proper and complete perfo f my position as registered a on Service Company Amanda	and to accept service of process for the in this certificate, I hereby accept the further agree to comply with the provermance of my duties, and I am familiagent as provided for in Chapter 608, I Haddan	appointment as registered visions of all statutes or with and accept the

\$ 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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW CELLS AMERICA, 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 SEVENTEENTH DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEW CELLS AMERICA, LLC" WAS FORMED ON THE FOURTH DAY OF JANUARY, A.D. 2007.

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



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5357933

DATE: 01-17-07

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