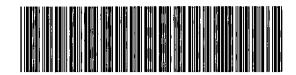
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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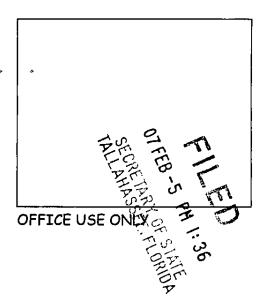
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SECRETARY OF STATE
TALLAHASSEE.FLORIDA

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**160.00

TO ACKHOVILEDGE UFFICIENCY OF FILIN DEPARTMENT OF STATE
IVISION OF CORPORATIONS

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

ENTITY NAME:

1. STOP AGING NOW, LLC

CK# 2419

AMOUNT \$160.00

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

____ STAMPED COPY

XXX CERTIFICATE OF STATUS

TRANSMITTAL LETTER

,	
•	
	NSMITTAL LETTER APPLICATION OF THE STATE OF
TRA	NSMITTAL LETTER
O: Registration Section	707
O: Registration Section Division of Corporations	
Division of Corporations	
UBJECT: Stop Aging Now LLC	
(Name of	Limited Liability Company)
he enclosed "Application by Foreign I imited	Liability Company for Authorization to Transact Business in
	re submitted to register the above referenced foreign limited
ability company to transact business in Florid	· · · · · · · · · · · · · · · · · · ·
,,,	
lease return all correspondence concerning th	is matter to the following:
Susan	R. McMaster
	(Name of Person)
	(Traine of Ferovir)

	aitt Heuer & Weiss, P.C.
	(Firm/Company)
27777 F	ranklin Road, Suite 2500
	(Address)
O south	.S1.4 MA 40004 0044
	field, MI 48034-8214
(City	//State and Zip Code)
or further information concerning this matter,	nlease call:
. Tartile. Internation concerning this matter,	produce with
	at ()
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
-1	
closed is a check for the following amount:	
□ \$125 00 Filing Fee □ \$130 00 Filing Fee	& □\$155.00 Filing Fee & □\$160 00 Filing Fee, Certificate
	c of Status Certified Copy of Status & Certified Copy



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

(Name of Foreign Limit	ed Liability Company)
Delaware (Jurisdiction under the law of which foreign limited liability company is organized)	3 NA (FEI number, if applicable)
12/11/2006 (Date of Organization)	5 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
Upon Filing (Date first transacted business in (See sections 608 501 & 608 502) 110 NE 8th Street, Delray Beach, Florida 33444	Florida, If prior to registration.) PS to determine penalty fiability)
(Street Addre	ess of Principal Office)
The name and usual business addresses of the ma	anaging members or managers are as follows:
Joshua A. Corn, Manager, 110 NE 8th Street, Defray	y Beach, Florida 33444
Attached is an original certificate of existence, no more than 9	O days old, duly authenticated by the official having custody of recopy is not acceptable. If the certificate is in a foreign language, a abmitted)
Attached is an original certificate of existence, no more than 9 jurisdiction under the law of which it is organized. (A photocouslation of the certificate under oath of the translator must be su	O days old, duly authenticated by the official having custody of recopy is not acceptable. If the certificate is in a foreign language, a abmitted)
Attached is an original certificate of existence, no more than 9 jurisdiction under the law of which it is organized. (A photoconstation of the certificate under oath of the translator must be surely not business or purposes to be conducted. Signature of a member or an a (in accordance with section 608 408(3)).	O days old, duly authenticated by the official having custody of recopy is not acceptable. If the certificate is in a foreign language, a abmitted)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANI 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

2 The na	ime and the Florida street addre	ess of the registered agent and office are:	
	Joshua A. Com		
	<u> 19-14-19-19-19-19-19-19-19-19-19-19-19-19-19-</u>	(Name)	
	110 NE 8th Street Plorida Street	Address (P O Box NOT ACCEPTABLE)	
	Delray Beach	FL 33444	
	· · · · · · · · · · · · · · · · · · ·	City/State/Zip	
ability co gent and c lating to	mpany at the place designated it agree to act in this capacity I fi the proper and complete perfort of my position as registered ag	d to accept service of process for the above stated l n this certificate, I hereby accept the appointment a n ther agree to comply with the provisions of all sta mance of my duties, and I am familiar with and acce ent as provided for in Chapter 608, Florida Statutes	s register stutes ept the

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STOP AGING NOW 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 THIRD DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STOP AGING NOW LLC" WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2006.

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

4265807 8300 070002833 Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 5321977

DATE: 01-03-07