

## Florida Department of State

Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)205-0383

## From:

Account Name : MICHAEL I. SANTUCCI, P.A.  
Account Number : I20030000003  
Phone : (954)351-7474  
Fax Number : (954)351-7475

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.****NEWLIFE SCIENCES, LLC**

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEWLIFE SCIENCES, LLC  
(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:

JOANNA LUBCZANSKA, PARALEGAL  
(Name of Person)

SILVERMAN SANTUCCI, LLP  
(Firm/Company)

500 WEST CYPRESS CREEK ROAD, SUITE 500  
(Address)

FORT LAUDERDALE, FLORIDA 33309  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JOANNA, PARALEGAL at ( 954 ) 351-7474  
(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:

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. **NEWLIFE SCIENCES, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. **STATE OF NEW HAMPSHIRE**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **20-5908647**

(FBI number, if applicable)

4. **11/22/2006**

(Date of Organization)

5. **PERPETUAL**

(Duration: Year limited liability company will cease to exist or "perpetual")

6. **N/A**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **51 PONDVIEW DRIVE**

**MERRIMACK, NH 03054-4126**

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

## 9. The name and usual business addresses of the managing members or managers are as follows:

**READ MCLEAN, JOHN CROSSON, RONALD WEINSTOCK, AND JOHN MARKHAM**

**BUSINESS ADDRESS FOR ALL OF THE ABOVE:**

**51 PONDVIEW DRIVE, MERRIMACK, NH 03054-4126**

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: **ANY AND ALL**

**LAWFUL BUSINESS.**

Signature of a member or an authorized representative of a member.  
(In 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.)

**MICHAEL I. SANTUCCI, ESQ., ATTORNEY**

Typed or printed name of signee

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TALLAHASSEE FLORIDA

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**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:

NEWLIFE SCIENCES, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

SILVERMAN SANTUCCI, LLP

(Name)

500 WEST CYPRESS CREEK ROAD, SUITE 500

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

FORT LAUDERDALE 33309

FL

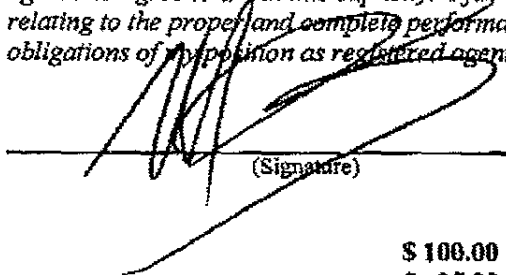
City/State/Zip

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*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 Statutes.*

  
(Signature)

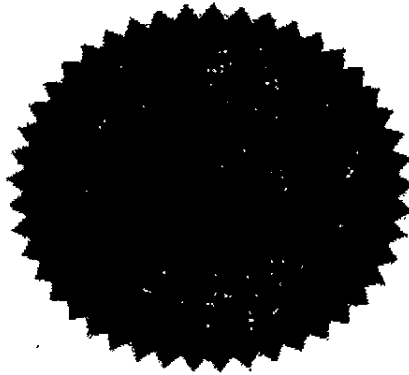
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

State of New Hampshire  
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Newlife Sciences, LLC is a New Hampshire limited liability company formed on November 22, 2006. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.

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TALLAHASSEE, FLORIDA



In TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 20<sup>th</sup> day of July, A.D. 2007

A handwritten signature in black ink, appearing to read "Wm. Gardner", written in a cursive style.

William M. Gardner  
Secretary of State