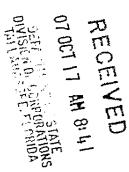
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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	

Office Use Only



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ACCOUNT NO. : 072100000032 REFERENCE : AUTHORIZATION COST LIMIT ORDER DATE: October 16, 2007 ORDER TIME : 4:42 PM ORDER NO. : 275075-005 CUSTOMER NO: 4723960 FOREIGN FILINGS NAME: PRESPERSE LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Joyce Markley -- EXT# 2930

EXAMINER:

	-		
ICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA LIMITE WITH SECTION SIN SECTION SIN STATILIES THE FOLLOWING IS SUBMITTED TO REGISTER AFOREIGN.			
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		
1. Presperse LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C." or "LLC"))		
(If name unavailable, enter alternate name adopted for the purpose of transacting bilainess 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.," "LIC.")	A the ward devices of the		
2. Delaware 3.	1		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	***		
4. October 10, 2007 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	artists and Abbited		
6(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 635 Pierce Street, Somerset, New Jersey 08873	*****		
(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:			
Jeanette Black and Stuart Axelrod having a business address of 635 Pierce Street,	CILED SUBS		
Somerset, New Jersey 08873			
10. Attached is an original critificate of existence, no more than 90 days old, duly autheralizated by the official having custody of records in the jarisdiction under the law of which it is organized. (A photocopy is not acceptable. If the critificate is in a foreign language, a nanslation of the certificate under oath of the translation must be submitted.) Supply and distribution			
11. Nature of business or purposes to be conducted or promoted in Florida: Supply and distribution of cosmetic and personal care raw materials.	lorida and attach a copy of the written e must include "Limited Liability" ability company will cease to est are as follows: 35 Pierce Street, ecolikial having outsody of seconds in attain a furcipulanguage, a apply and distribution a member. t constitutes		
Signature of a member or an authorized representative of a member. (In accordance with section 608,408(3), P.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herain are true.) Jeanette Black, Chairman			

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.

1. The name	of the Limited Liability Company is:	
Presperse L	TC	
If name unava	ailable, 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:	
	Corporation Service Company	
	(Name)	
	1201 Hays Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee FL 32301	
	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 Statutes.

Corporation Service Company

BY: (Signature)

\$ 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 "PRESPERSE 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 SIXTEENTH DAY OF OCTOBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRESPERSE LLC" WAS FORMED ON THE TENTH DAY OF OCTOBER, 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: 6078462

DATE: 10-16-07

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