

MO700006502

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(Address)

(City/State/Zip/Phone #)

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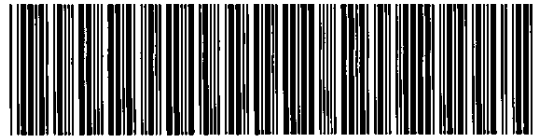
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DATE: 11/1/2007

NAME: DESIGNER SKIN, LLC

**TYPE OF FILING: APPLICATION TO TRANSACT
BUSINESS**

COST: \$125

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: PAUL / ABBIE HODGE

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TALLAHASSEE, FLORIDA

**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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. DESIGNER SKIN, L.L.C.

(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. ARIZONA

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

3. _____

(FEI number, if applicable)

4. 05/21/1998

(Date of Organization)

5. PERPETUAL

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

6. _____

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

7. 6270 CORPORATE DR, INDIANAPOLIS, IN 46278

Suite 250

(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:

SEE ATTACHED LIST

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: _____

SALES OF TANNING LOTIONS AND ACCESSORIES.

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.)

Rollin M. Sick, Manager

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

**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:

DESIGNER SKIN, L.L.C.

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:

NRAI Services, Inc.

(Name)

2731 Executive Park Drive, Suite 4

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

Weston

FL 33331

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.

NRAI Services, Inc.

By: Jui Probst

(Signature)

Asst. Secretary

| | |
|-----------|----------------------------------|
| \$ 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 ARIZONA



Office of the
CORPORATION COMMISSION
CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNell, Executive Director of the Arizona Corporation Commission, do hereby certify that

*****DESIGNER SKIN, L.L.C.*****

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 21st day of May 1998.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 23rd Day of October, 2007, A. D.


Executive Director

Order Number: 183301

Designer Skin, LLC Member / Manager / Officer Listing

Member Information

| | |
|-------------------------|---|
| Name: | New Sunshine, LLC |
| FEIN: | 51-0593114 |
| Percentage: | 100% |
| Date of Incorp.: | 07/13/2006 |
| State of Incorp: | Indiana |
| Control Number: | 2006071300185 |
| Address: | 6270 Corporate Drive Indianapolis, IN 46278-2900 |
| Phone: | (317) 554-3435 |

Manager Information

| | |
|-----------------------|---|
| Name: | Leslie A. Hartlieb |
| SSN: | |
| Date of Birth: | |
| Address: | 6270 Corporate Drive Indianapolis, IN 46278-2900 |
| Phone: | (317) 554-3435 |
| Name: | William J. Pipp |
| SSN: | |
| Date of Birth: | |
| Address: | 7445 Company Drive Indianapolis, IN 46237-9296 |
| Phone: | (317) 554-3435 |
| Name: | John Keiffner |
| SSN: | |
| Date of Birth: | |
| Address: | 6270 Corporate Drive Indianapolis, IN 46278-2900 |
| Phone: | (317) 554-3435 |
| Name: | Stephen C. Hilbert |
| SSN: | |
| Date of Birth: | |
| Address: | 6270 Corporate Drive Indianapolis, IN 46278-2900 |
| Phone: | (317) 554-3435 |
| Name: | Tomisue S. Hilbert |
| SSN: | |
| Date of Birth: | |
| Address: | 6270 Corporate Drive Indianapolis, IN 46278-2900 |
| Phone: | (317) 554-3435 |
| Name: | James S. Adams |
| SSN: | |
| Date of Birth: | |
| Address: | 6270 Corporate Drive Indianapolis, IN 46278-2900 |
| Phone: | (317) 554-3435 |
| Name: | Rollin M. Dick |
| SSN: | |
| Date of Birth: | |
| Address: | 6270 Corporate Drive Indianapolis, IN 46278-2900 |
| Phone: | (317) 554-3435 |

Officer Information

| | |
|-----------------------|---|
| Name: | Stephen C. Hilbert |
| Title: | Chairman |
| SSN: | |
| Date of Birth: | |
| Address: | 6270 Corporate Drive Indianapolis, IN 46278-2900 |
| Phone: | (317) 554-3435 |
| Name: | Leslie A. Hartlieb |
| Title: | CEO & President |
| SSN: | |
| Date of Birth: | |
| Address: | 6270 Corporate Drive Indianapolis, IN 46278-2900 |
| Phone: | (317) 554-3435 |
| Name: | Tomisue S. Hilbert |
| Title: | Secretary |
| SSN: | |
| Date of Birth: | |
| Address: | 6270 Corporate Drive Indianapolis, IN 46278-2900 |
| Phone: | (317) 554-3435 |
| Name: | James S. Adams |
| Title: | Treasurer |
| SSN: | |
| Date of Birth: | |
| Address: | 6270 Corporate Drive Indianapolis, IN 46278-2900 |
| Phone: | (317) 554-3435 |
| Name: | Rollin M. Dick |
| Title: | Assistant Secretary |
| SSN: | |
| Date of Birth: | |
| Address: | 6270 Corporate Drive Indianapolis, IN 46278-2900 |
| Phone: | (317) 554-3435 |
| Name: | John Keiffner |
| Title: | Vice President, Sales & Marketing |
| SSN: | |
| Date of Birth: | |
| Address: | 6270 Corporate Drive Indianapolis, IN 46278-2900 |
| Phone: | (317) 554-3435 |
| Name: | Brenda Horner |
| SSN: | |
| Title: | Vice President, Operations |
| Date of Birth: | |
| Address: | 6270 Corporate Drive Indianapolis, IN 46278-2900 |
| Phone: | (317) 554-3435 |