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S. HAWKES
FEB 8 - 2010
EXAMINER

COVER LETTER

TO:

то:	Registration Section Division of Corporation	ıs				
SUBJE	ECT:	Diabet	es Made EZ,	LLC.		
		Nam	e of Limited Liabili	y Company		
	closed "Application by Fonce, and check are submitt					
Please	return all correspondence	concerning this matt	ter to the following:			
			Scott Krol	<u> </u>		_
			Name of Perso	on		
Diabetes Made EZ, LLC.						
	Firm/Company					
1700 S. Dixie Hwy. Ste. 303						
			Address			
		В	oca Raton, FL			
City/State and Zip Code						
	scott@diabetesmadeez.com E-mail address: (to be used for future annual report notification)					
For fur	ther information concerni	•		amaar report nour	ioutony	
	Sc	ott Kroll	at (5	61)	750-5014	_
	Name	of Person	Area Code & D	aytime Telephone	Number	
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 C		STREET ADDRE Division of Corpor egistration Sectio lifton Building	ations n		
Tal	Tallahassee, FL 32314		2661 Executive Ce lahassee, FL 32			
Enclo	sed is a check for the	following amoun	t:			
	\$125.00 Filing Fee	\$130.00 Filing Certificate of		00 Filing Fee & Certified Copy	\$160.00 Filing Fee, of Status & Cert	

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:

1(Na	Diabetes Ma	ide EZ, LLC. ide "Limited Liability Company," "L.L.C.," or "LLC.")
consent of		se of transacting business in Florida and attach a copy of the writt rnate name. The alternate name must include "Limited Liability
2	State of Nevada	94-3490745
(Jurisdic	State of Nevada ction under the law of which foreign limited liability y is organized) 3	94-3490745 (FEI number, if applicable) perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
4.	11/23/2009	perpetual 2
··	11/23/2009 5 (Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. No tr	ansaction have taken place	
<u> </u>	(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orida, if prior to registration.)
7. <u>1700</u>	S. Dixie Hwy. Ste. 303, Boca Raton FL,	33432
	(Street Address	of Principal Office)
8. If lim	ited liability company is a manager-managed	company, check here
9. The n	ame and usual business addresses of the mana	aging members or managers are as follows:
Scot	tt Kroll 1700 S. Dixie Hwy. Ste. 303, Boca	a Raton FL, 33432
the jurisdic	•	lays old, duly authenticated by the official having custody of records y is not acceptable. If the certificate is in a foreign language, a nitted.)
11. Natu	re of business or purposes to be conducted or	promoted in Florida:
	Mail-Order Diabetic	Medical Supplies
	to Kade	
		thorized representative of a member. S., the execution of this document constitutes ary that the facts stated herein are true.)
	Sco	ott Kroll
	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:	
Diabetes Made EZ, LLC.	
If unavailable, the alternate to be used in the state of Florida is:	10 FE
2. The name and the Florida street address of the registered agent and office are:	8-5 PM
Scott Kroll	70
(Name)	- 086
1700 S. Dixie Hwy. Ste. 303	/
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Boca Raton, FL 33432 City/State/Zip	_

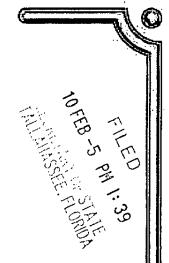
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

(Signature)

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

SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DIABETES MADE EZ, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 23, 2009, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my

office on February 2, 2010.

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A EVADA

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20100202-1438
You may verify this electronic certificate
online at http://www.nvsos.gov/