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C. LEWIS
Feb. 16, 2010
EXAMINER

COVER LETTER

Registration Section
Division of Corporations

· TO:

SUBJECT:	Cute a		, DBA Pharmaden	LLC
		Name of Lin	nited Liability Company	
				ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all	correspondence cond	erning this matter to the	e following:	
		Ronal	d L. Schefdore	
•		Na	ame of Person	
		Pha	rmaden, LLC	
		Fi	rm/Company	
	2800 Estero Blvd. #301			
			Address	
		Ft. Myers	Beach, FL 33931	
	<u> </u>	City/S	tate and Zip Code	
_			373@aol.com	
	E-r	nail address: (to be used	for future annual report not	fication)
For further infor	mation concerning th	is matter, please call:		
	Donna So	hefdore	at (630)	997-0120
	Name of F	erson Are	a Code & Daytime Telephon	e Number
MAILI	NG ADDRESS:	STRE	ET ADDRESS:	
Divisio	n of Corporations	Divisio	on of Corporations	
_	ation Section	-	ration Section	
P.O. Bo	ssee, FL 32314		Building xecutive Center Circle	
i aitalia	5500, I'L 32314		assee, FL 32301	
Enclosed is a	check for the foll	owing 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2010

RONALD L. SCHEFDORE PHARMADEN, LLC 2800 ESTERO BLVD #301 FT. MYERS BEACH, FL 33931

SUBJECT: CUTE AS A BUTTON LLC, DBA PHARMADEN LLC

Ref. Number: W10000002878

We have received your document for CUTE AS A BUTTON LLC, DBA PHARMADEN LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis Regulatory Specialist II Registration/Qualification Section

Letter Number: 710A00001560

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we	are the Managers and/or Managing
Members of Cute as A Button LLC	
(Name of Limited Lia	bility Company)
a limited liability company duly organized and	existing under the laws of
Florida (State or Country of Organization)	
Because the name of this foreign limited liability	ty company does not satisfy the
requirements of the s. 608.406, F.S., the limited	l liability company hereby adopts the
following name to transact business in the state	of Florida:
Pharmaden LLC	
Company, L.L.C., or LLC.) 2/9/10 Date: Signature(s) of Manager(s) and/or Managing M Mm, W J July	lember(s):
· · · · · · · · · · · · · · · · · · ·	TABLE T
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	TO THE COME IS

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 FORFIC'N LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Cute as a Button, LLC, (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	Pharmaden LLC	
CO	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wonsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability company," "L.L.C," "LLC.")	
2.	J.L. 3. 26-1762483 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4.	1/1/10 5. Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	2/1/10 (Date first transacted business in Florida, if prior to registration.)	
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	2800 Estero Blvd. #301th or 5 that is on the supplementary schir as neglector, as neglector, as the supplementary of the supplementary	
	Ft. Myers Beach, FL 33931	<u>لا</u> ســــــــــــــــــــــــــــــــــــ
•	(Street Address of Principal Office)	
	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: Ronald L. Schefdore 2800 Estero Blvd #301 Ft. Myers Beach, FL 33931	
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)	s in
11.	Nature of business or purposes to be conducted or promoted in Florida: Nutraceutical Sales	
_	e not segginda en parello matterno.	
	FLAgress Basch, FLagra.	
7.	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.) Ronald L. Schefdore	
	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 o	of the Limited Liability Company is:	
	Cute as A Button, L	LC
If unavailable,	the alternate to be used in the state of Florida is:	
	Pharmaden L	LC
2. The name a	nd the Florida street address of the registered agen	at and office are:
	Ronald L. Schefdore (Name)	7011 TAS:
	2800 Estero Blvd. #301	TALLAHASS TALLAHASS
	Florida Street Address (P.O. Box NOT ACC Ft. Myers Beach FL 339	Fig 2 D
	City/State/Zip	AND I

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)

File Number

0128288-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

CUTE AS A BUTTON, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 31, 2004, AND HAVING ADOPTED THE ASSUMED NAME OF PHARMADEN, LLC ON SEPTEMBER 24, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 0934500452
Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH

day of

DECEMBER

A.D.

2009

SECRETARY OF STATE