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| Certified Copies | _ Certificates | s of Status |
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AUG = 3 2010

EXAMINER

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ACCOUNT NO. : 12000000195

REFERENCE: 466309

4663-99 / 4328337

AUTHORIZATION : (

COST LIMIT : \$ 125.00

ORDER DATE : August 2, 2010

ORDER TIME : 3:57 PM

ORDER NO. : 466309-015

CUSTOMER NO: 4328337

FOREIGN FILINGS

NAME: GLOBAL BIOMEDICAL

TECHNOLOGIES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER:

Me The Constitution

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. Global Biomedical Technologies, 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. Delaware (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable) |
| company is organized) |
| 4. 7-30-10 5. perpetual |
| (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") |
| |
| |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 16965 Verona Way, Naples, FL 34110 |
| 7. 10005 Votolia Way, Napies, 11154110 |
| · · · · · · · · · · · · · · · · · · · |
| (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: |
| |
| Howard Rosing, 16965 Verona Way, Naples, FL 34110 |
| |
| |
| |
| 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: |
| adhesive materials development |
| Hward Sho2 |
| 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 perjuty that the facts stated herein are true.) |
| Howard Rosing, M.D., Ph.D. |
| Typed or printed name of signce |

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.

| be used in the state of Florida is: s of the registered agent and office are: |
|--|
| s of the registered agent and office are: |
| ., Ph.D. |
| |
| |
| (Name) |
| |
| ddress (P.O. Box NOT ACCEPTABLE) |
| FL 34110 |
| 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)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GLOBAL BIOMEDICAL TECHNOLOGIES,
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 SECOND DAY OF AUGUST,
A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLOBAL BIOMEDICAL TECHNOLOGIES, LLC" WAS FORMED ON THE THIRTIETH DAY OF JULY, A.D. 2010.

4854746 8300

100793474

DATE: 08-02-10

Jeffrey W. Bullock, Secretary of State

CATION: 8147435

You may verify this certificate online at corp.delaware.gov/authver.shtml