

M110000003840

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000192554 3)))



H110001825543ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: sshapiro@tropicomgmt.com

Foreign Limited Liability Company  
Wells Life Sciences LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED

11 JUL 29 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUL 29 AM 8:15

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu Corporate Filing Menu

T. HAMPTON

Aug - 1 2011

EXAMINER

7/29/2011

Fax Audit # - H110001925543

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDAIN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

## 1. Wells Life Sciences 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. Nevada

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

## 3.

45-2815404  
(FEI number, if applicable)

## 4. 6/30/2011

(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. 20283 State Road 7, Suite 400, Boca Raton, Florida 33498

(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:

Wells LLC, 20283 State Road 7, Suite 400, Boca Raton, Florida 33498

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:

All lawful business

Colleen Stacy Shapiro  
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.)

Colleen Stacy Shapiro, member of: Wells LLC

Typed or printed name of signer

Fax Audit # - H110001925543

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL 29 AM 8:15

Fax Audit# - H110001925543

**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:

Wells Life Sciences LLC

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:

Colleen Shapiro

(Name)

20283 State Road 7, Suite 400,

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

Boca Raton

FL 33498

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.*

*Colleen Shapiro*

(Signature)

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

Fax Audit# - H110001925543

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL 29 AM 8:15

## 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, **WELLS LIFE SCIENCES 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 June 30, 2011, 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 July 15, 2011.



*[Signature]*  
ROSS MILLER  
Secretary of State

Electronic Certificate  
Certificate Number: C20110715-1290  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>