

#112000003401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

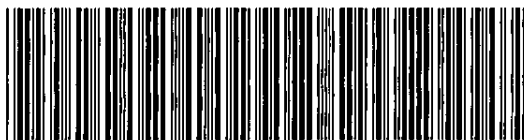
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800236212308

06/15/12--01032--008 \*\*155.00

RECEIVED  
DEPARTMENT OF STATE  
12 JUN 15 PM 1:30

FILED  
12 JUN 15 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JUN 18 2012

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** Kim Weidenbach

**DATE:** 06/15/12

**REF. #:** 000321.168127

**CORP. NAME:** GENEREX LABORATORIES, LLC

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION        | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                    | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                    | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION      |   |  |
| <input type="checkbox"/> OTHER:                           |   |  |

**STATE FEES PREPAID WITH CHECK#** 544781 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

FILED

12 JUN 15 AM 11:00

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

SECRETARY OF STATE  
TALLAHASSEE, 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. Name of Foreign Limited Liability Company; must include "Limited Liability Company,"  
"L.L.C.," or "LLC.": GENEREX LABORATORIES, 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. Jurisdiction under the law of which foreign limited liability company is organized:  
SOUTH DAKOTA

3. FEI number, if applicable: 20-8891560

4. Date of Organization: March 26, 2012

5. Duration: Year limited liability company will cease to exist or "perpetual": Perpetual

6. Date first transacted business in Florida, if prior to registration.: April 25, 2012  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. Street Address of Principal Office: 1915 Trade Center Way, Naples, FL 34109

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:

MGR: Robert D. Riess, 1915 Trade Center Way, Naples, FL 34109

MGR: Megan Galler, 1915 Trade Center Way, Naples, FL 34109

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.

11. Nature of business or purposes to be conducted or promoted in Florida:

Manufacturer specializing in the formulation and development of premium nutraceutical  
products and dietary supplements

  
Megan Galler, Manager

(In accordance with section 607.408(3), F.S., the execution of this  
document constitutes an affirmation under the penalties of perjury  
that the facts stated herein are true. I am aware that any false  
information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.)

**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:

GENEREX LABORATORIES, LLC

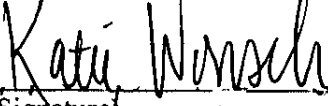
If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

2. The name and the Florida street address of the registered agent and office are:

NRAI SERVICES, INC.  
515 East Park Avenue  
Tallahassee, FL 32301

*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) Katie Wonsch  
Assistant Secretary

**ORGANIZATIONAL ID #: DL027661**

I, further certify that said Limited Liability Company has complied with the laws of this State relative to the formation of Limited Liability Companies of its kind and is now a regularly and properly organized and existing Limited Liability Company under the laws of this State and is in good standing, as shown by the records of this office. The annual report required by law has been filed with our office and articles of termination have not been filed. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the Limited Liability Company's financial condition or business activities and practices. Such information is not available from this office.

**IN TESTIMONY WHEREOF, I**  
have hereunto set my hand and  
caused to be affixed the Great Seal  
of the state of South Dakota, in  
Pierre, the Capital City, this day June  
14, 2012.

Jason Sant

**Jason M. Gant**  
**Secretary of State**