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LIVEWELL HOLDINGS, LLC

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COVER LETTER

TO; Re	egistration Section ivision of Corporation	s				
SUBJECT	LIVEWELL HOLI	DINGS, LLC				
		Name o	of Limited Liability Con	ipany		
The enclose Existence, a	ed "Application by Fo and check are submitte	reign Limited Liability ed to register the above	Company for Authorize referenced foreign limi	ation to Trai ted liability	nsact Business in Flo company to transact	rida," Certificate of business in Florida
Please retur	m all correspondence	concerning this matter	to the following:			
	Karen Rodrigue	ez				
			Name of Person			
	Triad Profession	nal Services				
			Firm/Company			7 2013
	1720 Windward	l Concourse, S. 390				11 2 3 3 3 3 3 3 3 3 3 3
		· · · · · · · · · · · · · · · · · · ·	Address			
	Alpharetta, GA	30005				
,		C	City/State and Zip Code			
	jletko@aamsfl.c	om				
		E-mail address: (to be	e used for future annual	report notifi	cation)	
For further	information concerning	g this matter, please ca	all:			
Kı	aren Rodriguez		770 at (777-209	1	
	Name	of Person	Area Code & Daytime	Telephone	Number	
Di Re P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Ilahassee, FL 32314	S D R(TREET ADDRESS: ivision of Corporations egistration Section lifton Building 661 Executive Center Cir allahassee, FL 32301	rele		
	is a check for the 1 \$125.00 Filing Fee	Collowing amount: \$\square\$\square\$ 130.00 Filing For Certificate of State \$\square\$			□ \$160.00 Filing Fe of Status & Certi	

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: LIVEWELL HOLDINGS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") LIVEWELL DIABETES 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," "LL.C.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 06/24/2013 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 3660 Enterprise Way, Miramar, FL33025 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here \(\overline{\mathbb{X}} \) 9. The name and usual business addresses of the managing members or managers are as follows: See attached list 10. Attached is an original certificate of existence, no more than 90 days old, duty 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: medical supplies Signature of a bember 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. 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.)

Stephanie Ho

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	f the Limited Liah LDINGS, LLC	ility Compa	ny is:				
If unavailable,	the alternate to be	used in the	state of Flor	ida is:			
2. The name a	nd the Florida stre	et address o	f the register	red agent and of	ffice are:		
		N	RAI Services, I	nc,			
•	1-700-2		(Name)				
		1200 S	outh Pine Islan	d Road			2013
	Flori	da Street Addi	css (P.O. Box	NOT ACCEPTABLE	:)	1965 1977 1985 - Harris V. 1985 - 1985	AUG -
	Plantation		FL.	33324			က်
liability compai registered agen statutes relating	nmed as registered my at the place des it and agree to act g to the proper and gations of my posit NRALServ	ignated in th in this capac d complete p	nis certificate city. I furthe erformance (tice of process for the proces	ot the appointm ly with the prov d I am familiar	ent as visions of all with and	W 8: 10
	,	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation Certified (for Application of Registered Copy_(optional) of Status (optional)	l Agent		-

LIVEWELL HOLDINGS, LLC LIST OF MANAGERS

James Letko, 11 Duke Ct., Pittstown, NJ 08867 Ed Letko, 34 Bridge Street, Milford, NJ 08848 Tim Hargarten, 3660 Enterprise Way, Miramar, FL 33025 Ryan Craig, c/o Bertram Capital, 800 Concar Drive, Suite 100, San Mateo, CA 94402 Jon Letko, 10 Bridge Street, P.O. Box 372, Milford, NJ 08848

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LIVEWELL HOLDINGS, 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 FIRST DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIVEWELL HOLDINGS, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2013.

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

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AU:

AUTHENT CATION: 0631484

DATE: 08-01-13

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

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

	Members of LiveWell Holdings, I (Name of United Lia	bility Company)
	a limited liability company duly organized and	existing under the laws of
	Delaware	
	(State or Country of Organization)	
	Because the name of this foreign limited liabilit	y company does not satisfy the
	requirements of the s. 608.406, F.S., the limited	liability company hereby adopts the
	following name to transact business in the state	
	LiveWell Diabetes LLC	or Piones.
	(Name to be used by limited liability company in Florida, NOT Company, L.L.C., or LLC.)	E: Name must end with Limited Liability
	Date: August 2, 2013	
٠.	Signature(s) of Mapager(s) and/or Managing M	ember(s):
~		
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	Tor Hagalea	
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WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that	at we are the Managers and/or Managing
Members of LiveWell Holding	ıs, LLC
17101110013 01	ited Liability Company)
a limited liability company duly organized	I and existing under the laws of
Delaware	
(State or Country of Organization)	
Because the name of this foreign limited li	iability company does not satisfy the
requirements of the s. 608.406, F.S., the lin	mited liability company hereby adopts the
following name to transact business in the	state of Florida:
LiveWell Diabetes LLC	
(Name to be used by limited liability company in Florida Company, L.L.C., or LLC.)	a. NOTE: Name must end with Limited Liability
Date: August 2, 2013	
Signature(s) of Manager(s) and/or Managi	ing Member(s):
Edward Letko	Jon Leike
Ryan Craig	lim Letko
Tim Hargaten	
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