F990@MPADETES5224

To: Qualification/Tax Lien Section Division of Corporations MD-411. Com, Inc. (Name of corporation - must include suffix) 8000003008278 Dear Sir or Madam: -10/07/99--01031--003 *****78.75 *****78.75 The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: William Dale Whitice (Name of Person) MD-411. Com, INC (Firm/Company) 1570 MADRUGA (Address) Coral Gables, Florida 33146-3015 (City/State/Zip) Should you need to call someone concerning this matter, please call: William Dale Whitice at (305) 858-1515 Availabi (Area Code & Daytime Telephone Number) (Name of Person) STREET ADDRESS: **MAILING ADDRESS:** Verifyer Qualification/Tax Lien Section Qualification/Tax Lien Section Division of Corporations Acknowle Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: ☐ \$70.00 Filing Fee **5** \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,

Certified Copy

Certificate of Status &

Certified Copy

Certificate of Status

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.		
1. MD-4114 Com, Two. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)		1036
2. Nevada 3. 94-33-25522 (State or country under the law of which it is incorporated) (FEI number, if applicable)		· · · · · · · =;-
4. Feb. 16, 1999 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")		
6. October 15, 1999 (Date first transacted business in Florida.) (SEE SECTIONS 607.150I, 607.1502 and 817.155, F.S.)		art me
7. 1570 MADRUGA Avenue, Penthouse 1. Coral Gables, Florida 33146-3015		
8. Medical Service (MSO) Health Care Tweet Service (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		
	ח = ח	-
Office Address: 1570 MADRUGA Avenue Coral Gables , Florida, 33146-3015 (Zip code)	<i>-</i>	77 4 - 5 79
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above stated corporation at the place designate this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compwith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and act the obligations of my position as registered agent. Colored Colored	ly ·	
(Registered agent's signature)		r elemen
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the		

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

A. DIRECT	TORS (Street address only - P.O. Box NOT acceptable)			
Chairman:	Michael Lucas	<u> </u>		
	9301 Wilshire Blud.			
	Beverly Hills, CA. 90210			
	nan:			
Director:				
Address				
D'acete				
Address:		3		- 19 7
B. OFFIC	ERS (Street address only - P.O. Box NOT acceptable)	<u> </u>		
President:	Michael Lucos			
	9301 Wilshire Blvd.			
	Beverly Hills, CA. 90210			
	nt:			
			1 , 9	
			,	
Secretary: _	MARK Anthony Cristini		·	= - ក
Address:	9301 Wilshire Blvd.		្ន] -
Addicas		· · · · · · · · · · · · · · · · · · ·	girn 3	The state of the s
_	Beverly Hills, CA. 90210			
	J			
Address:				The state of the s
	Beverly Hills, CA. 90210		·	The second supplemental second supplemental second
NOTE: If n	necessary, you may attach an addendum to the application listing addi	itional officers and/or directo	rs.	
13	(Signature of Chairman Vice Chairman of the Ti	. 10.60		i sami
1.4	(Signature of Chairman, Vice Chairman, or any officer listed in MICHAEL T. LUCAS CHAIRMAN	number 12 of the application)	
14.	(Typed or printed name and capacity of person	a signing application)		1,



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, 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, limited-liability companies, limited partnerships, and limited-liability partnerships 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, **MD - 411.COM, INC.** as a Corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 16, 1999, 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, in Las Vegas, Nevada, on September 22, 1999.

By

Secretary of State

Certification Clerk