

Division of Corporations Public Access System

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.

(((H080000810193)))



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 : C T CORPORATION SY

Account Number : FCA000000023

Fax Number

Phone : (850)222-1092

: (850)878-5926

Please retain original hips

date of submission 3/3/

#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

WebMD LLC

Certificate of Status	0
Certified Copy	0
Page Count	95 (5)
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

RA. Thomas APR 25 2008 3/31/2008

April 1, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION

SUBJECT: WEBMD LLC REF: W08000016533

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover and the second contract of the co

Please refax complete form we didn't receive the 2nd page of application listing the registered agent,

Please return your document, along with a copy of this letter, withing days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II FAX Aud. #: E08000081019 Letter Number: 808A00019031

dae of stands

3/3/

RECEIVED

8 APR 24 PM 3: 48

SECRETARY OF STATE

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

IN COMPILANCE WITH SECTION 608.503, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF RUSINESS.

LAMILE	ED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
	bMD LLC (Name of Foreign Limited Liability Company; must include "Limited Liability C	ompany," "L.L.C.," or "LLC.")	
consent	to the managers or managing members adopted the purpose of transacting business of the managers or managing members adopting the alternate name. The alternating," "L.L.C.," "LIC.")	s in Florids and attach a copy of e name must include "Limited	of the written
2. Deta (Juris comp	sdiction under the law of which foreign limited liability (FEI n pany is organized)	umber, if applicable)	— <del>_</del>
4, 10/	(Date of Organization)  5. Perpential (Duration: Year lim	ited liability company will ceas	e to
A Tine	exist or "perpetual"		
	(Date first transacted business in Florida, if prior to registrat (See sections 608.501 & 608.502 F.S. to determine penalty list Eighth Avenue, New York, NY 10011	on.) bility)	AR 31
7	Eight State, New York (1 1901)	OF ST	_ <u>}</u> 
	(Street Address of Principal Office)		ည္ဆ
8. If <b>l</b> i	imited liability company is a manager-managed company, check her	• 🗵	£-
9. The	e name and usual business addresses of the managing members or m	anagers are as follows:	
Wn	syne Gauinella , 111 Eighth Avenue, New York, NY 10011		<del></del>
Ма	ark Funston , 111 Eighth Avenue, New York, NY 10011		<del></del>
the jurisd	when is an original contificate of existence, no more than 90 days old, duly authenticate diction under the law of which it is organized. (A photocopy is not acceptable. If the o on of the contificate under oath of the translator must be submitted.)		
11. Na	iture of business or purposes to be conducted or promoted in Florida		<del></del>
SKE	ATTACHMENT		•
	Love John Little		
	Signature of a member or an authorized representation accordance with section 608.408(3), F.S., the execution of this does an affirmation under the penalties of perjury that the facts stated here	ument constitutes	
	RoseAnn Stampe		
	Typed or printed name of signee		

# į

## 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.

If name unavailable, the alternate	SECTETAL TALLAHAS			
2. The name and the Florida stree	ETARY C			
	So d E year			
	STATE ORIDA			
	1200 South 1	Pine Island Rosc	1	
Florida	a Street Address (P	O. Box NOT	ACCEPTABLE)	
Plantati	ion	FL	33324	
	C	ity/State/Zip		

Flaving 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.

C T Corposation System

Arlene Bernal Vice President

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

ב ישמונים

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEEMD 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 SEVENTEENTH DAY OF MARCH, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4479747 R300

You may vorify this cortificate colin at core delawirs correctives shoul Daniel Smith Hindren

AUTHENTICATION: 6456228

DATE: 03-17-08