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# M12000005318

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**Foreign Limited Liability Company  
CWI MEDICAL, LLC**

Certificate of Status	0
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EXAMINER

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CH 2000034088.3)

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:

- 1. CWI MEDICAL, LLC  
(Name of Foreign Limited Liability Company)
- 2. New York  
(Jurisdiction under the law of which foreign limited liability company is organized)
- 3. \_\_\_\_\_  
(FEI number, if applicable)
- 4. July 28, 2005  
(Date of Organization)
- 5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
- 6. July 1, 2012  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
- 7. 200 Allen Boulevard, Farmingdale, New York 11735  
(Street Address of Principal Office)

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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:

Shirley Lam 200 Allen Boulevard, Farmingdale, New York 11735

Noah Lam 200 Allen Boulevard, Farmingdale, New York 11735

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: Sale of home health products

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.)

Noah Lam  
Typed or printed name of signee

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**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:

CWI MEDICAL, LLC

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

Incorproating Services, Inc.

(Name)

1540 Glenway Drive

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

Tallahassee

FL 32301

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.*

Benny O. Pater, Asst Sec

(Signature)

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**State of New York  
Department of State } ss:**

*I hereby certify, that CWI MEDICAL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/28/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:*

*An Affidavit of Publication of CWI MEDICAL, LLC was filed on 02/01/2006.*

*An Affidavit of Publication of CWI MEDICAL, LLC was filed on 02/01/2006.*

*I further certify, that no other documents have been filed by such Limited Liability Company.*



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*Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of September two thousand and twelve.*

Daniel Shapiro  
First Deputy Secretary of State

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