

Florida Department of State
Division of Corporations
Electronic Filings Cover Sheet
M120002632033

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H120002632033ABCT

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)694-1639

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
12 NOV -2 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
APPLIED MEDICALS LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

D. BRUCE
NOV 05 2012
EXAMINER

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
 Applied Medicals LLC

SECOND: The articles of organization or the application to transact business

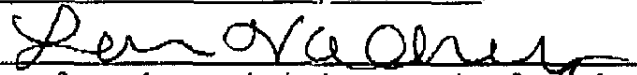
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
The incorrect principal address was listed. The correct principal address is 20 SE 3rd Avenue, 3rd Floor, Miami, FL 33131.
The manager's name Sophia Frankel was spelt incorrectly. The correct spelling is Sofia Frankel.
Sofia Frankel's address was listed incorrectly. The correct address is 50 South Pointe Drive, #1202-1203, Miami Beach, FL 33139.
The registered agent's name was spelt incorrectly. The correct spelling is Sofia Frankel.
The registered agent's address was listed incorrectly. The correct address is 50 South Pointe Drive, #1202-1203, Miami Beach, FL 33139.

OR

- Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
-
-
-

Dated: November 2, 2012


Signature of a member or authorized representative of a member
Lauren Vadney, Attorney-in-Fact
Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 NOV - 2 PM 1:35
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H12000261623

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

IN COMPLIANCE WITH SECTION 608.303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Applied Medicals LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "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," "LL.C.," "LLC.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. April 28, 2011 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. upon filing of this application
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 100 South Pointe Drive, #1202/1203
Miami Beach, FL 33139
(Street Address of Principal Office)

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:
Sophia Frankel 100 South Pointe Drive, #1202/1203 Miami Beach FL 33139
Michael Frankel 160 West 66th St., Apt. 16B New York NY 10002
Igal Zakhodin 2800 Biscayne Blvd., Suite 1000 Miami FL 33137

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: _____
All Lawful Purposes

Valerie Hawk-Donohue
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.)
Sophia Frankel by Valerie Hawk-Donohue as atty-in-fact
Typed or printed name of signee

12 NOV - 2 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
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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:

Applied Medicals LLC

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

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

Sophia Frankel
(Name)

100 South Pointe Drive, #1202/1203
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Miami Beach FL 33139
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.


Sophia Frankel by Valerie Hawk-Donohue as atty-in-fact
(Signature)

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APPLIED MEDICALS 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APPLIED MEDICALS LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2011.

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



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You may verify this certificate online
at corp.delaware.gov/authover.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9953672

DATE: 10-31-12