

BO7000000120

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

please file 2nd
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thanks!

FLORIDA/FOREIGN LP/LLP

4M I, LP

Certificate of Status	1
Certified Copy	1
Page Count	045
Estimated Charge	\$1,061.25

4/3/07
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Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

3/27/2007

DATE, TIME	03/27 09:56
FAX NO./NAME	2050383
DURATION	00:01:03
PAGE(S)	04
RESULT	OK
MODE	STANDARD

TIME : 03/27/2007 09:56
NAME : CT CORP
FAX : 8502227615
TEL : 8502221092
SER.# : BROH3J5606161

TRANSMISSION VERIFICATION REPORT

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED
PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. 4M.L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership,
L.L.L.P. or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware
(State or Country of Formation)

3. September 25, 1998
(Date of Formation)

4. C T Corporation System
(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road, Plantation, FL 33324
(Florida street address for Registered Agent)

6. 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 relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.

By: Robert S. Lane Robert S. Lane
Signature of Registered Agent Assistant Secretary

7. Beach Manor #604, 9001 Hwy 98 West, Destin, FL 32550
(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☐

9. 10859 Emerald Coast Parkway West, Suite 204, Box 414, Miramar Beach, FL 32550
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

Health Investments, Inc.
(Name)

Beach Manor #604, 9001 Hwy 98 West Destin, FL 32550
(Street Address)

10859 Emerald Coast Parkway West, Suite 204, Box 414
Miramar Beach, FL 32550
(Mailing Address)

F07-1672

FILED
07 MAR 27 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

11. Effective date, if other than the date of filing: Upon filing
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 19th day of March, 20 07

Signature of a general partner:

Ian Franklin, President of Health Investments, Inc.
its General Partner

Filing Fees: \$ 1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$ 52.50
Certificate of Status (optional): \$ 8.75

Page 3 of 3

FL047 - 12/20/05 CT System Online

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07 MAR 27 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "4M I LP" 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 TWENTY-SIXTH DAY OF MARCH, A.D. 2007.

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

2948512 8300

070359867



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5538564

DATE: 03-26-07