

CT CORPORATION SYSTEM

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CORPORATION(S) NAME

MDVIP, Inc.

FILED
MAR -5 PM 2:44
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

900003798079-5
03/05/01 01078-015
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| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

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Order#: 373235

Ref#: _____

Amount: \$ _____

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2001 MAR -5 PM 12:00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

h/v 3/5

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MDVIP, INC.
(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.)
2. DELAWARE 3. 36-4406702
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 9, 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification.
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 5030 Champion Blvd. G-6 #267
Boca Raton, Florida 33496-2496
(Current mailing address)

8. The nature of the business or purposes to be conducted or promoted is to engage in any lawful act or activities for which Corporations may be organized under the Corporation Law of the State of Florida.

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Andrew Ripps

Office Address: 5030 Champion Blvd. G-6 #267
Boca Raton, Florida, 33496-2496
(Zip code)

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 designated in this application, 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.

Andrew Ripps

By: Andrew Ripps

(Registered agent's signature)

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

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Steve Geller

Address: 17212 Whitehaven Drive
Boca Raton, FL 33496

~~XXXXXXXX~~ Director: Andrew Ripps

Address: 946 Tropic Boulevard
Delray Beach, FL 33483

Director: Steve Geller

Address: 17212 Whitehaven Drive
Boca Raton, FL 33496

Director: Edward Goldman

Address: 7000 West Cypress Head Dr.
Parkland, FL 33067

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Steve Geller

Address: 17212 Whitehaven Drive
Boca Raton, FL 33496

Vice President: N/A

Address: _____

Secretary: Andrew Ripps

Address: 946 Tropic Boulevard
Delray Beach, FL 33483

~~XXXXXXXX~~ Chief Operating Officer: Andrew Ripps

Address: 946 Tropic Boulevard
Delray Beach, FL 33483

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Andrew J. Ripps
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Andrew Ripps, Chief Operating Officer and Secretary
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MDVIP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF MARCH, A.D. 2001.

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

FILED
MAR -5 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1001804

DATE: 03-02-01