# F/1000002217

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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ALL AMASSEE FLORIDA

× 05/25/11

# FISH M A N I J A'C K S'O N I L U E B K E R

May 19, 2011

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Viverae Vital, Inc.

Application for Authority to Transact Business in Florida.

Dear Clerk:

Enclosed please find the following:

- Original and one copy of an Application for Authority to Transact Business in Florida.
- Check in the amount of \$70.00 in payment of your filing fees.
- Original Certificate of Existence.

Please file the application and return the file-marked copy to me in the self-addressed envelope provided.

Please contact me if you have any questions regarding this matter.

Sincerely,

FISHMAN JACKSON LUEBKER PLLC

Ву:

Susah M. Custer, Paralegal

# **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Viverae Vital, Inc.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Susan M. Custer, Paralegal
Name of Person
Fishman Jackson Luebker PLLC
Firm/Company
13155 Noel Road Suite 700
Address
Dallas TX 75240
City/State and Zip code
scuster@fishmanjackson.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
072 410 5512
Susan M. Custer at ( 972 ) 419-5513  Name of Person Area Code & Daytime Telephone Number
Name of reison Area Code & Daytine Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\ \times \text{S70.00 Filing Fee & Certificate of Status} \text{ \$\ \text{S78.75 Filing Fee & Certified Copy} \text{ \$\ \text{Certificate of Status & Certified Copy} \text{ \$\ \text{Certified Copy} \text

#### 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.	viverae vital, inc.						
	(Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	_					
	(If name unavailable in Florida, enter alternate corporate name	adopted for the	purpose of transacting but	iness in Florida	<u> </u>		
2.	Delaware 3.	·	, -		•		
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)			_		
4.	08/31/2010 5.	perpetua	ıl		_		
	(Date of incorporation)	(Duration: Y	ear corp. will cease to exis	or "perpetual")	_		
6.		· ·•			<b></b>		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15						
7.	10670 N. Central Expressway, Suite 700	Dallas	TX	75231			
. •	(Principal office address)	(City)	(State	) (Zip)	_		
	10670 N. Central Expressway, Suite 700	Dallas	TX	75231	_		
	(Current mailing address)	.(City)	(Stat	e) (Zip)			
8.	Any and all lawful business for which cor	rporations	may be organize	d	_ <b>Z</b> e:	<u></u>	
	(Purpose(s) of corporation authorized in home state or co	untry to be car	ried out in state of Florida)		رَبُ جِي	TAY	
9.	Name and street address of Florida registered agent: (P.O	. Box <u>NOT</u> a	cceptable)		<b>元</b> 化	$\sim$	20 (1754) 2020/24/20 20 (1754)
	Name: Capitol Corporate Services,	ម្លាំ។ ម្លាំ។		fi e akkerbu			
Of	ffice Address: 155 Office Plz Dr Ste A					암 2:	garang garang
	<u>Tallahassee</u>	, Florida	32301 (7in code)		SAID	<del>ار</del>	L pupital
	(City)		(Zip code)		$\Rightarrow$		

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.

Delanie Case, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

(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 business addresses of officers and/or directors:

A. DIKI	ECTORS						
Chairman	: Michael Nadeau						
Address:	10670 N. Central Expressway, Suit	e 700					
	Dallas, Texas 75231						
Vice Chai	irman:						
Address:							
Director:	Jeff Brizzolara						
Address:	10670 N. Central Expressway, Sui	te 700					
	Dallas, Texas 75231						
Director:	David Smith				<del></del>		
	s: 10670 N. Central Expressway, Suite 700						
	Dallas, Texas 75231				<b>\$</b> 5	77	
B. OFFI	ICERS				6.5 6.5 6.5		
President:	Jeff Brizzolara	·					
Address:	10670 N. Central Expressway, Su	uite 700				-	
	Dallas	TX	7523 <u>1</u>	<u>., , , , , , , , , , , , , , , , , , , </u>			
XXXXXX	ккж: Chairman: Michael Nadeau	(State)	(Zip)				
Address:	10670 N. Central Expressway, Su	uite 700					
	Dallas	TX	75231	_			
Secretary:	David Smith	(State)	(Zip)				
	10670 N. Central Expressway, Suite 700	Dallas		TX	75231		
Treasurer		(City)		(State)	(Zíp)		
Address:							
riadios.		(City)		(State)	(Zip)		
NOTE:	If necessary, you may attach an addendure to the a	pplication listin	ig additional officers a	ınd/or dir	ectors.		
13							
	(Signature of Director of Officer lists	ed in number 12	of the application)				
14	(Typed or printed name and capacit	ty of person sig					

# Delaware

PAGE 1

# The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VIVERAE VITAL, 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 TWENTY-NINTH DAY OF

APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIVERAE VITAL, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

11 MAY 24 PA 2: LL

4866649 8300

110473402

AUTHENTICATION: 8728246

DATE: 04-29-11

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