

# F12000000614

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(City/State/Zip/Phone #)

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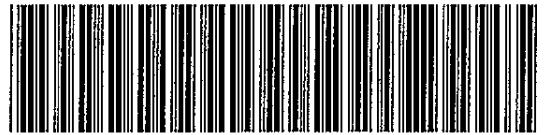
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03 JUL 18 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANTHONY J. GIGLIOTTI  
125 INLET WAY  
PALM BEACH SHORES, FL 33404

(561) 758-6582

July 18, 2003

Florida Department of State  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

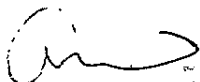
Re: registration of foreign limited liability company

Dear Sir or Madam,

Enclosed please find an application for, and a check in the amount of \$160.00 payment of, registration for a foreign limited liability company. A certificate of good standing, signed and sealed by Harriet Smith Windsor, Secretary of State, Delaware is also included. The name of the company is HealthPointe One Hundred Degrees, Inc. and I serve as President and am the Florida registered agent.

Please forward the appropriate Florida certificate to the name and address listed above.

Very truly yours,



Anthony J. Gigliotti,  
President

03 JUL 18 AM 8:00  
FILED  
SECRET  
TALLAHASSEE  
FLORIDA

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. HealthPointe ~~INC~~ Dredd Eighty Degrees, INC.  
(Name of foreign limited liability company)

2. DELAWARE 3. 42-15555264  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JULY 1, 2002 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. JUNE 16, 2003  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 164 LOWER OAK GROVE RD

FRENCHTOWN - N. J. 08825-4207  
(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:

Anthony J. Gignotti  
125 West way  
RAVEN BENCH SHORES FL 33404

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: \_\_\_\_\_

Healthcare Consulting ; Agriculture & Development

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.)

[Signature]  
Typed or printed name of signee

FILED  
03 JUL 18 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE-FLORIDA

**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:

HEALTHPOINTE ONE HUNDRED EIGHTY DEGREES, INC.

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

Anthony J. GIGLIOTTI  
(Name)

125 INLET WAY  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

PAUM BUCH SHORES FL 33404  
(City/State/Zip)

FILED  
03 JUL 18 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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, F.S.*

  
(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*

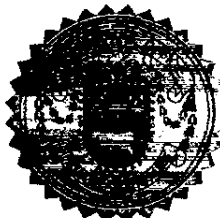
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHPOINTE ONE HUNDRED EIGHTY DEGREES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JULY, A.D. 2003. =

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. =

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHPOINTE ONE HUNDRED EIGHTY DEGREES, INC." WAS INCORPORATED ON THE FIRST DAY OF JULY, A.D. 2002. =

FILED  
JUL 8 AM 8:00  
SECRETARY OF STATE  
DELAWARE



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 2518149

DATE: 07-09-03