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(City/State/Zip/Phone #)

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**FILED**  
**Aug 29, 2013 08:00 AM**  
**Secretary of State**

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# Nelson Mullins

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Certified Specialist in Taxation Law and  
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(Admitted in SC & NC)

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August 28, 2013

### Via Federal Express

Department of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Re: Application by Melbourne Laser Pain Relief, Inc. for Authorization to Transact Business  
in Florida (the "Application"); NMRS No.: 38313/09005

Ladies and Gentlemen:

Please find enclosed for filing with your office an original and one copy of the above referenced Application. Also enclosed is a filing fee check in the amount of \$70.00 in connection with this filing.

After the enclosed Application has been filed, please return a stamped copy to me in the enclosed self-addressed, prepaid Federal Express envelope.

Thank you for your assistance with this matter. If you have any questions, please call me at 843-946-5659.

Very truly yours,



James F. McCrackin

JFM:eh

Enclosures

Cc: Roger Porter

Scott Widerman, Esq.

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Melbourne Laser Pain Relief, 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:

James F. McCrackin, Esq.

Name of Person

Nelson Mullins Riley & Scarborough, LLP

Firm/Company

P.O. Box 3939

Address

Myrtle Beach, SC 29578

City/State and Zip code

jim.mccrackin@nelsonmullins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James F. McCrackin at ( 843 ) 946-5659

Name of Person

Area Code & Daytime 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



\$78.75 Filing Fee &  
Certificate of Status



\$78.75 Filing Fee &  
Certified Copy



\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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. Melbourne Laser Pain Relief, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. South Carolina

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 8/23/13

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5046 Highway 17 Bypass S., Suite 200, Myrtle Beach, SC 29588

(Principal office address)

5046 Highway 17 Bypass S., Suite 200, Myrtle Beach, SC 29588

(Current mailing address)

8. Provide pain relief by laser treatment.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Scott Widerman

Office Address: 1990 W. New Haven Ave, Suite 201

Melbourne

(City)

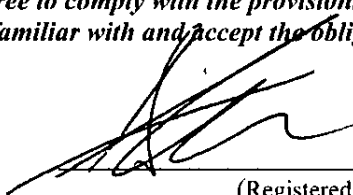
, Florida 32904

(Zip code)

**FILED**  
**Aug 29, 2013 08:00 AM**  
**Secretary of State**

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.*



(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. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Roger Porter

Address: 5046 Highway 17 Bypass S., Suite 200

Myrtle Beach, SC 29577

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. *Roger Porter*

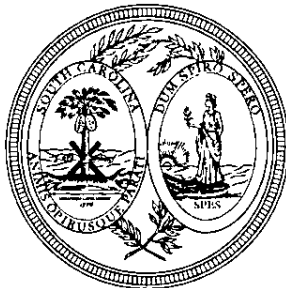
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. President - Roger Porter

(Typed or printed name and capacity of person signing application)

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

MELBOURNE LASER PAIN RELIEF, INC.,  
a corporation duly organized under the laws of the State of South Carolina on August 23rd, 2013, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
23rd day of August, 2013.

  
Mark Hammond, Secretary of State