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Law Offices of CUERVO & PARKS, P.A.

1940 Harrison Street

Suite 302

Hollywood, FL 33020

(954) 923-8260

(954) 925-1540 (Fax)

December 22, 2000

VIA PRIORITY MAIL DC# 0310 2990 0005 4535 9771

Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

RE:

Matter:

de Leon at Stella, LLC

Subject:

Filing

File#:

20181

Dear Sir/Madam:

Enclosed for filing are the following documents:

500003513046--1 -12/26/00--01081--014 ****160.00 ****160.00

- 1. Signed Application by Foreign Liability Company for Authorization to Transact Business in Florida;
- Original Certificate of existence of de Leon at Stellas, LLC issued by the Office of the Secretary of State of Delaware on November 27, 2000;
- 3. Certificate of Designation of Registered Agent/Registered Office;
- 4. Check in the amount of \$160.00 made payable to Florida Department of State to cover this filing and our below-stated request for documents.

PLEASE FURNISH OUR OFFICE WITH:

1. A CERTIFICATE OF STATUS; and

2. A CERTIFIED COPY OF FILING FOR THE ABOVE REGISTERED

PLEASE SEND ALL DOCUMENTS TO:

CUERVO & PARKS, P.A., 19405 CHARRISON STREET, SUITE 302, HOLLYWOOD, FL 33020.

Should you have any questions regarding the above matter, please do not hesitate to contact me.

Thanking you for your anticipated cooperation, I remain

Very truly yours,

Steven N. Parks

12/28

SNP:lc Enclosures

cf: J. Cunningham

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: # Leon at Stella, LLC (Name of foreign limited liability company) (Jurisdiction under the law of which foreign limited liability company is organized) November 22, 2000 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) Not yet commenced (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 1302 Clear Springs Trace, Louisville, KY 40223 (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: WebMedical Services.com, Inc. 1302 Clear Springs Trace, Louisville, KY 40223 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: Health Spa

Typed or printed name of signee
Jeffrey Cunningham, Chairman of
WebMedical Services.com, Inc., Manager

Jeff Cunningham

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.)

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	of the Limited Liability Compa	any is:				
De Leon at Stell	a, LLC		.			_
2. The name a	nd the Florida street address of	of the reg	istered agent and office are:			
	C T Corporation System					
		(Name)		_		
	c/o C T Corporation System, 1200	South Pin	e Island Road	-		
	Florida street addre	ss (P.O. B	ox_NOT ACCEPTABLE)			
				Z¥(00	
	Plantation	\mathbf{FL}	33324	三流	黑	
•		City/State	:/Zip		(-)	
		·	-	NY C	26	
liability compar agent and agree relating to the p	ny at the place designated in thi: e to act in this capacity. I furthe	s certifica er agree to ce of my a	rvice of process for the above state ate, I hereby accept the appointmen o comply with the provisions of all luties, and I am familiar with and and for in Chapter 608, F.S	t ásreg I státutés	ist ér æd s ⊖	
C T Corporation	System A A					

VICEY COLDSTANTON SPECIAL ASSISTANT SECRETARY

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of Delaware Office of the Secretary of State

PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DE LEON AT STELLA, LLC" 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-SEVENTH DAY OF_NOVEMBER, A.D. 2000.

AUTHENTICATION: 0811105

DATE: 11-27-00

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