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January 11, 2001

Florida Secretary of State
Department of Corporations
Limited Liability Company Division
409 East Gaines Street
Tallahassee, FL 32399

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Re: Cardiocom, LLC

Dear Sir/Madam:

Enclosed for filing with your office are the following documents on behalf of Cardiocom, LLC:

1. Two original Applications by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
2. Two original Certificates of Designation of Registered Agent/Registered Office;
3. Certificate of Good Standing issued by the Minnesota Secretary of State on January 12, 2001;
4. Our firm check in the amount of \$160.00 to cover the filing fee.

Please issue your proof of filing certificate and return the filed documents to the undersigned.

If you should have any questions regarding the enclosed, please do not hesitate to contact the undersigned.

Very truly yours,

LINDQUIST & VENNUM P.L.L.P.

Sheila L. Holman

Sheila L. Holman
Paralegal

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JAN 17 PM 3:49

cc: Ronald G. Vantine (w/out enclosure)

**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 TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Cardiocom, LLC
(Name of foreign limited liability company)
2. Minnesota
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 41-1929175
(FEI number, if applicable)
4. October 12, 1998
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Date application is filed
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 20640 Linwood Road
Excelsior, MN 55331
(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:
Daniel Cosentino, 20640 Linwood Road, Excelsior, MN 55331
Judith Reiss, 20640 Linwood Road, Excelsior, MN 55331
Louis Cosentino, 170 Celestial Way, Juno Beach, FL 33408 Unit 4-4

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: to provide home
monitoring equipment for congestive heart failure patients

Daniel L. Cost
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.)

Daniel L. Cosentino, President

Typed or printed name of signee

FILED
SECRETARY OF STATE
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01 JAN 17 PM 3:49

**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:

Cardiocom, LLC

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

Louis Cosentino

(Name)

170 Celestial Way Unit 4-4

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

Juno Beach

FL

33408

City/State/Zip

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)

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

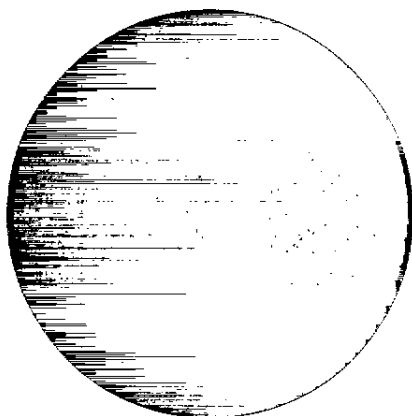
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

Name: Cardiocom, LLC

Date Formed or Registered: October 12, 1998

State of Organization: Minnesota

This certificate has been issued on January 12, 2001.



Mary Kiffmeyer
Secretary of State.