

~~1M0100000000148~~
DeliverMed.com

700003556027--8
-01/19/01--01089--012
****160.00 ****160.00

January 18, 2001

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

M-1-148

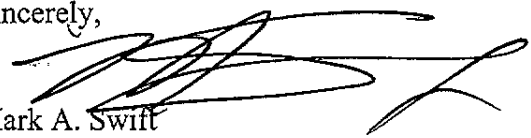
Ref: Application to register a foreign limited liability company

To Whom It May Concern:

Enclosed please find our application to register DeliverMed.com, L.L.C. as a foreign limited liability company to do business in the State of Florida. To date we have not conducted any business in your State. We have included a check in the amount of \$160.00 to cover the filing costs and to receive a Certified Copy and Certificate of Status.

If you have any questions or are in need of any additional information please contact Kate Warner at (312) 988-1772.

Sincerely,



Mark A. Swift
CEO

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 JAN 19 PM 1:36
FILED
1/21

4p

DeliverMed.com
168 North Clinton Street
Chicago, Illinois 60661
312.224.1700
312.224.1751 fax

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:

1. Deliver Med. com, L L C (Name of foreign limited liability company)

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 36-4360287 (FEI number, if applicable)

4. 4-11-00 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")

6. NONE TO DATE (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 168 NORTH CLINTON STREET CHICAGO, IL 60661 (Street address of principal office)

8. If limited liability company is a manager-managed company, check here [X]

9. The name and usual business addresses of the managing members or managers are as follows: M.A. SWIFT ENTERPRISES, INC. MARK A. SWIFT 875 NORTH MICHIGAN AVENUE, SUITE 2935 CHICAGO, IL 60611

FILED 01 JAN 19 PM 1:36 SECRETARY OF STATE TALLAHASSEE FLORIDA

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: SALE AND DELIVERY OF PHARMACEUTICALS DISPOSABLE SUPPLIES AND MEDICAL EQUIPMENT AND ANY AND ALL ANCILLARY SERVICES ASSOCIATED THEREOF.

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.)

MARK A. SWIFT CEO/MANAGER Typed or printed name of signee

**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:

DeliverMed.com, LLC

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

KAREN BREUSTLE
(Name)

BAY 134, 2310 NW 55th COURT

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

FT. LAUDERDALE FL 33309
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,

Karen Breustle
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

SECRETARY OF STATE
TALLAHASSEE FLORIDA
01 JAN 19 PM 1:36

FILED

State of Delaware
Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DELIVERMED.COM, 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 EIGHTH DAY OF JANUARY, A.D. 2001.

FILED
01 JAN 19 PM 1:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Harriet Smith Windsor

Secretary of State

3208019 8300

AUTHENTICATION: 0903195

001629395

DATE: 01-08-01