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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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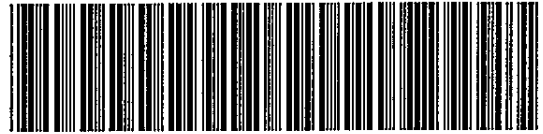
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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# SWEENEY LEV

A Limited Liability Company  
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October 28, 2002

**BY FEDERAL EXPRESS**

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

Re: Infomyst Transcription Technology, LLC  
EIN: 22-3843995  
Registration of Foreign LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

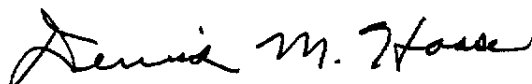
This firm represents the above taxpayer in its efforts to register as a foreign limited liability company in Florida.

Enclosed please find an original and one copy of the following:

1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
2. Certificate of Designation of Registered Agent/Registered Office; and
3. Certificate of Standing from the State of New Jersey dated October 24, 2002.

Also enclosed is a check for \$125 to cover your filing fees. Please enclose your letter of acknowledgement in the attached self-addressed stamped envelope.

Sincerely,



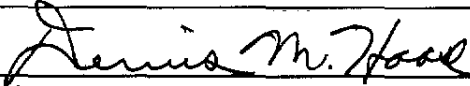
Dennis M. Haase

cc: Gururaj S. Mutalik, M.D.

**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. INFOMYST TRANSCRIPTION TECHNOLOGY, LLC  
(Name of foreign limited liability company)
2. NEW JERSEY  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 22-3843995  
(FEI number, if applicable)
4. NOVEMBER 27, 2001  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. AUGUST 1, 2002  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. c/o GURURAJ S. MUTALIK, ALL STARS KIDS ACADEMY  
7649 TURKEY LAKE ROAD, Orlando, Fl. 32819  
(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:  
GURURAJ S. MUTALIK and MUKTA MUTALIK  
ALL STARS KIDS ACADEMY, 7649 TURKEY LAKE ROAD, ORLANDO, FL 32819
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: Medical transcription  
services and any lawful business, purpose or activity.

  
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.)

DENNIS M. HAASE, ESQ.

Typed or printed name of signee

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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:

INFOMYST TRANSCRIPTION TECHNOLOGY, LLC

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

GURARAJ S. MUTALIK

(Name)

12214 ACCIPETER DRIVE

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


ORLANDO

FL 32837

(City/State/Zip)

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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)

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

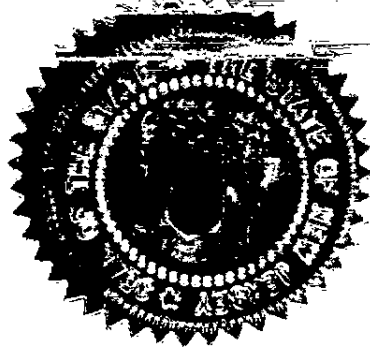
INFOMYST TRANSCRIPTION TECHNOLOGY, L.L.C.

*I, the Treasurer of the State of New Jersey,  
do hereby certify that the above-named  
New Jersey Domestic Limited Liability Company was  
registered by this office on November 27, 2001.*

*As of the date of this certificate, said business  
continues as an active business in good standing  
in the State of New Jersey, and its Annual Reports  
are current.*

*I further certify that the registered agent and  
registered office are:*

Guraraj S. Mutalik, M.D.  
6 Grove Terrace  
Montclair, NJ 07042



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
24th day of October, 2002

John E McCormac, CPA  
State Treasurer