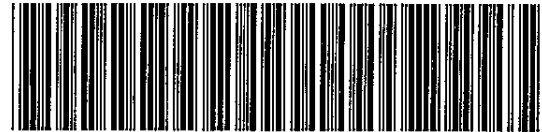


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FILED
03 APR 14 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



200011398622

02/07/03--01033--013 **78.75

04/07/03--01013--017 **46.25

W03-4269

AL. 1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

FILED
03 APR 14 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 13, 2003

GREGARIO SCHNEIDER
500 SANSOME STREET, SUITE 405
SAN FRANCISCO, CA 94111

SUBJECT: LATIN AMERICAN HEALTH VENTURES, LLC
Ref. Number: W03000004269

We have received your document for LATIN AMERICAN HEALTH VENTURES, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$46.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 403A00009696

TRANSMITTAL LETTER

FILED

03 APR 14 PM 3:00

TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Latin American Health Ventures, LLC
(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", 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:

Gregorio Schneider
(Name of Person)
Latin American Health Ventures, LLC
(Firm/Company)
500 Sansome Street, Suite 405
(Address)
San Francisco, CA 94111
(City/State and Zip code)

For further information concerning this matter, please call:

Gregorio Schneider at (415) 374-2700
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING ADDRESS:

Registration 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

FILED

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.

03 APR 14 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Latin American Health Ventures, LLC
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or country under the law of which it is incorporated)
3. N/A
(FEI number, if applicable)
4. 1/13/03
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 3211 Ponce de Leon Blvd., Suite 207 Coral Gables, FL 33134
(Principal office address)
500 Sansome Street, Suite 405 San Francisco, CA 94111
(Current mailing address)
8. To Distribute Medical Products
(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 or Mail Drop Box **NOT** acceptable)
Name: Miguel Carmona
Office Address: 3211 Ponce de Leon Blvd. Suite 207
Coral Gables, Florida 33134
(City) (Zip code)

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.

[Signature]
(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

FILED

03 APR 14 PM 3:00

Chairman: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Gregorio Schneider

Address: 500 Sansome Street, Suite 405

San Francisco, CA 94111

Vice President: Miguel Carmona

Address: 3211 Ponce de Leon Blvd, Suite 207

Coral Gables, FL 33134

Secretary: Jason Stoffer

Address: 500 Sansome Street, Suite 405 San Francisco, CA 94111

Treasurer: _____

Address: _____

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

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Gregorio Schneider, President

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

Delaware

The First State

PAGE 1

FILED

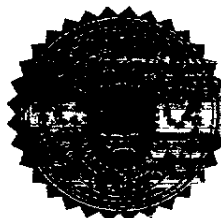
03 APR 14 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LATIN AMERICAN HEALTH VENTURES, 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-SECOND DAY OF JANUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LATIN AMERICAN HEALTH VENTURES, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JANUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



3613713 8300

030044758

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2218273

DATE: 01-22-03