

1030000001262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

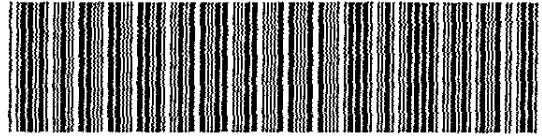
(Document Number)

Certified Copies _____ Certificates of Status 1

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03 APR 21 PM 3:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA



MediPro Seminars, LLC

Sales and Seminar Information:

1750 West Broadway, Suite 106

Oveido, FL 32765

Tel.: 866-407-1630

Administrative Offices:

606 Post Road East, Suite 552

Westport, CT 06880

Tel: 203-981-0781

www.mediproseminars.com



April 15th, 2003

Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Registration

To Whom it May Concern,

Please find enclosed

1. Application by Foreign LLC to Do Business in Fla.
2. Certificate of Designation of Registered Agent
3. Check for \$130 for:
 - Filing Fee
 - Designation of Reg. Agent
 - Certificate of Status

Your attention to this matter is appreciated. Thank you.

Sincerely yours,

Bernard V. Kleinman
President

Encs.

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

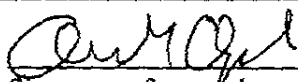
*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. MEDIPRO SEMINARS, LLC
(Name of foreign limited liability company)
2. DELAWARE 3. 47-0911416
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 26 FEBRUARY 2003 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. No business as defined by statute transacted in Florida as yet.
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 606 POST ROAD EAST, SUITE 552
WESTPORT, CT 06880
(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:
Ann M. Chapnick 606 Post Road East, Suite 552 Westport, CT 06880

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: _____

Conduct seminars and advanced educational training for healthcare professionals



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.)

ANN M. CHAPNICK

Typed or printed name of signee

03 APR 21 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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:

MEDIPRO SEMINARS, LLC

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

~~SHERI JASPER, c/o MEDIPRO SEMINARS, LLC~~
(Name)

1750 West Broadway, Suite 106

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

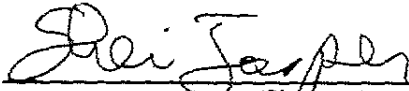
Oveido

FL

32765

(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)

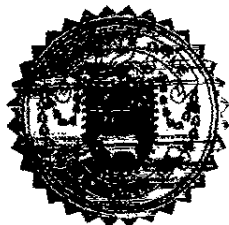
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDIPRO SEMINARS 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 FIRST DAY OF APRIL, A.D. 2003.



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030199191

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2341488

DATE: 04-01-03