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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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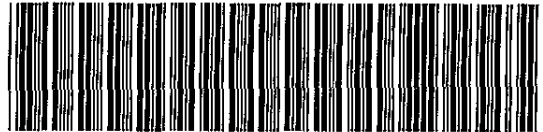
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03 MAY 27 AM 9:14

FILED

Mold Physicians Limited Liability Company  
3832 Church Road  
Mt. Laurel, New Jersey 08054  
856-778-6657

May 20, 2003

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

RE: Application by Foreign LLC


To Whom It May Concern:

Enclosed please find the following executed application:

1. Application by Foreign LLC for Authorization to transact Business in Florida
2. Certificate of Designation of Registered Agent
3. A check in the amount of \$160.00 for filing fee, Designation of Registered Agent, Certified copy and Certificate of Status

If any other information is required please contact this writer.

Very truly yours,

  
Elaine Schultes  
Accountant

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03 MAY 27 AM 9:14  
TALLAHASSEE, FL

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. Mono Physicians Limited Liability Company  
(Name of foreign limited liability company)
2. NEW JERSEY  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 14-1879209  
(FEI number, if applicable)
4. 4-10-03  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. MAY 2003  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 3832 Church Rd  
MT LAUREL, NJ 08054  
(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:

Joseph COLLINS, JR. 3832 Church Rd, MT LAUREL, NJ 08054  
Michael KLUKIEWSKI " " " "

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:

Mono TESTING

Joseph A. Collins Jr  
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.)

Joseph COLLINS, JR  
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:

MOLD PHYSICIANS LIMITED LIABILITY COMPANY

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

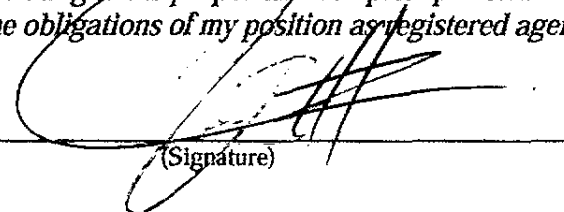
Joseph Collins, III  
(Name)

1610 NW 3<sup>RD</sup> ST  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

DEERFIELD BEACH FL 33442  
(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

MOLD PHYSICIANS LIMITED LIABILITY COMPANY  
400027902

*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 April 10, 2003.*

*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:*

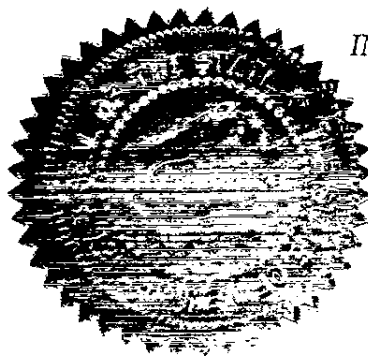
Joseph Collins, Jr.  
3832 Church Road  
Mt. Laurel, NJ 08054

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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

MOLD PHYSICIANS LIMITED LIABILITY COMPANY



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
15th day of May, 2003

A handwritten signature in cursive script, reading "John E. McCormac".

John E McCormac, CPA  
State Treasurer

03 MAY 27 AM 9:14  
DEPARTMENT OF TREASURY