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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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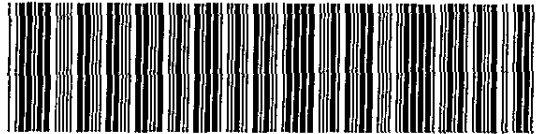
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
OCT 27 PM 3:02  
TALLAHASSEE, FLORIDA

10/29  
just



October 24, 2003

Florida Department of State  
Registration Section  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

**FILED**  
03 OCT 27 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sir/Madam:

Enclosed is the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and Certificate of Designation of Registered Agent/Registered Office submitted by Naturecor LLC.

A check in the amount of \$125.00 is also enclosed for the filing fee and designation of registered agent.

Please contact me at 954-797-0244, ext. 120 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Hosang", is written over a horizontal line.

Chris Hosang, President  
Medical Web Services LLC and Naturecor LLC

Encl.

**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. NATURECOR LLC  
(Name of foreign limited liability company)
2. STATE OF DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 16-1685194  
(FEI number, if applicable)
4. SEPT. 26 2003  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. OCTOBER 24, 2003  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.135, F.S.))
7. 440 SAWGRASS CORPORATE PARKWAY, SUITE 210  
SUNRISE, FL 33325  
(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:

CHRIS HOSANG, 440 SAWGRASS CORPORATE PKWY, SUITE 210, SUNRISE, FL 33325

LUIS TERAN, 440 SAWGRASS CORPORATE PKWY, SUITE 210, SUNRISE, FL 33325

TOM MOURADIAN, 440 SAWGRASS CORPORATE PKWY, SUITE 210, SUNRISE, FL 33325

BRIAN PODOLAK, 440 SAWGRASS CORPORATE PKWY, SUITE 210, SUNRISE, FL 33325

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: \_\_\_\_\_

MARKET HERBAL & SUPPLEMENT PRODUCTS

C. Hosang  
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.)

CHRIS HOSANG

Typed or printed name of signer

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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:

NATURECOR LLC

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

CHRIS HOSANG  
(Name)

440 SAWGRASS CORPORATE PKWY, SUITE 200  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

SUNRISE, FL 33325  
(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.*

C. Hosang  
(Signature)

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

**FILED**  
03 OCT 27 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

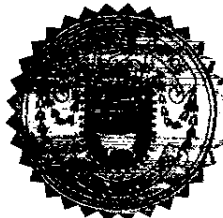
# Delaware

*The First State*

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATURECOR 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-THIRD DAY OF OCTOBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATURECOR LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2003.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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— AUTHENTICATION: 2706616

030680942

DATE: 10-23-03