

M03000003879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

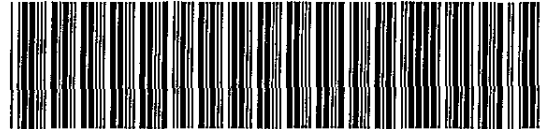
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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M03-3879
JR

Law Offices
ROBERTO MATUS, P.A.
ATTORNEYS AT LAW

800 BRICKELL AVENUE
SUITE 701
MIAMI, FL 33131
TELEPHONE: (305) 374-8700
FAX: (305) 374-8955
E-MAIL: RMAATLAW@AOL.COM

VIA UPS

November 12, 2003

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

RE: NOVA THERAPY CENTERS

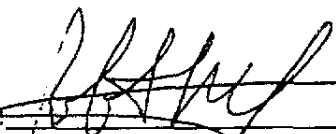
Dear Secretary of State

Enclosed please find check No. 1020 in the amount of \$51.25 and check No. 2076 in the amount of \$138.75 totaling \$190.00 as filing fee, Application for Registration of Fictitious Name, Transmittal Letter, Certificate of Designation of Registered Agent/Registered Office and Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

I am also enclosing a Certified Copy of HORMONICS LLC, A GEORGIA LIMITED LIABILITY COMPANY, as well as A CERTIFICATE OF EXISTENCE of said Corporation.

If you have any questions, please do not hesitate in contacting me at the above mentioned telephone number and/or address.

Very truly yours,

By: 
Roberto Matus, Esq.

RM/fa

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hormonics, LLC

(Name of Limited Liability Company)

The enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Existence, and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roberto Matus

(Name of Person)

Law Offices of Roberto Matus, PA

(Firm/Company)

600 Brickell Avenue, Suite 701

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Roberto Matus

(Name of Person)

at 305-374-6700

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

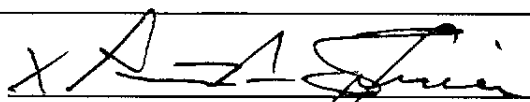
MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**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. Hormonics, LLC
(Name of foreign limited liability company)
2. State of Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 74-3103142
(FEI number, if applicable)
4. 8/18/03
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 407 Lincoln Road, Suite 704, Miami, Florida 33139
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☐
9. The names and usual business addresses of the managing members or managers are as follows:
Peter R. Spirer, 4406 N. Elizabeth Lane, Atlanta, GE 30339
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 Office


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.)

Peter R. Spirer

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:

Hormonics, LLC

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

Roberto Matus

(Name)

600 Brickell Avenue, Suite 701

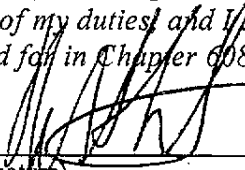
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Miami

FL 33131

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)

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0344037
DATE INC/AUTH/FILED: 08/18/2003
JURISDICTION : GEORGIA
PRINT DATE : 10/07/2003
FORM NUMBER : 211

HORMONICS LLC
RONALD LARACUENTE
5333 N DIXIE HWY STE 206
OAKLAND PARK, FL 33334

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that, as of the above print date

HORMONICS LLC
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20031007192905136



Cathy Cox
Secretary of State