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TRANSMITTAL LETTER

Registration Section

Division of Corporations

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

TO:

SUBJECT:	HDI	ORLANDO	LLC
		(Name of Limite	d Liability Company)
	of Existence	, and check are subn	ity Company for Authorization to Transact Business in nitted to register the above referenced foreign limited
Please return all corre	espondence	concerning this matt	er to the following:
	نسب	SAIIY THO (Name	of Person)
	HDI	ORLANDO	41.0
		(Firm/	Company)
	2620	RE9ATT (A)	THE DRIVE, SUITE 208B ddress)
	LAS	VESMS	NV 89128
		(City/State	NV 89/28 and Zip Code)
For further information	on concernii	ng this matter, please	call:
SAILY	THom (Name of I	OSON Person)	at (<u>702</u>) <u>243-8730</u> (Area Code & Daytime Telephone Number)
STREET AD Registration S Division of Co 409 E. Gaines Tallahassee, F	ection orporations Street	9	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MDI OF LANDO LLC
(Name of Foreign Limited Liability Company) 2. US VADA 3. 20-11460.59
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) (Date of Organization)

5. OERDETURL
(Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 2620 REGATTA DEIVE SUITE 2088 LAS VEGAS NV 89/28
(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 HEALTHDATH INSIGHTS INC. 2620 REGATTA DRIVE, SUITE 208R FAS VEGAS NV 89128 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: Hospital Bill AUDIT & RECOVERY SERVICES, NEWTONION, PRO 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.)

Typed or printed name of signee

ANDREA BENKO

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.

The name of the I imited I ighility Company ic.

Ł.	The name of the Limited Liability Company is.	
	HDI OPLANDO LLO	al longuage.
2.	The name and the Florida street address of the registered agent and office are:	
	SHILLEY BASSEY (Name)	THE COST OF A
	7083 GRAND NATIONAL DEIVE SUITE 104 Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	ORLANDO, FL 32819 City/State/Zip	. 11 T.

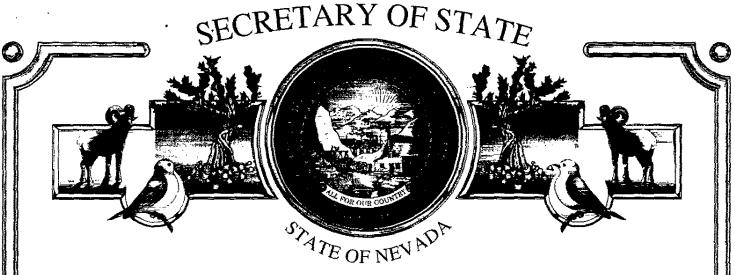
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HDI ORLANDO LLC**, as a limited-liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since **April 28, 2004**, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on **July 14, 2004**.

DEAN HELLER
Secretary of State

Certification Clerk