# M0500001090

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Reque	stors Name	∌)
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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
CANDAR COM Walled Investments 11.C		
SUBJECT: VyMed Investments, LLC	Liability Company)	
(Name of Diffited I	Liability Company)	
The enclosed "Application by Foreign Limited Liability Florida," Certificate of Existence, and check are submit liability company to transact business in Florida.		
Please return all correspondence concerning this matter	to the following:	
Karen Duncan		
(Name o	f Person)	
VyMed Investments, LLC		
(Firm/Co	ompany)	
555 Sun Valley Drive Suite P-4		
(Add	lress)	
Roswell Georgia 30076		
	nd Zip Code)	
(Only is the control of the control	in zip code	
For further information concerning this matter, please of	all:	
Karen Duncan	650-1389	
	(Area Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
409 E. Gaines Street P.O. Box 6327		
Tallahassee, Florida 32399	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
✓ \$125.00 Filing Fee	\$155.00 Filing Fee & \$\Bigcup \$160.00 Filing Fee, Certificate of Status & Certified Conv.	

## 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:

VyMed Investments, LLC	n Limited Liability Company)	
`		
Georgia	3. 20-1945250	
(Jurisdiction under the law of which foreign limite company is organized)	d liability (FEI number, if	applicable)
11/23/2004	5. 40 years	
(Date of Organization)	(Duration: Year limited liabil exist or "perpetual")	ity company will cease to
none yet		
(Date first transacted but	siness in Florida, if prior to registration.) 508.502 F.S. to determine penalty liability)	
5081 Ortega Forest Drive		540 <b>.g</b>
Jacksonville, FL 32210	eet Address of Principal Office)	EB 7
(Sue	eet Address of Frincipal Office)	. 8
If limited liability company is a manager-	-managed company, check here 🔽	
, ,		الم الم
William J. Duncan, Ph.D., 555 Sun Valley Di	rive, Suite P-4, Roswell, GA 30076	So f
). Attached is an original certificate of existence, no me e jurisdiction under the law of which it is organized. ( anslation of the certificate under oath of the translator r	A photocopy is not acceptable. If the certificate	•
1. Nature of business or purposes to be cor		ess development
MAC	- or on outhorized representative of o	member
MODERN CHECKE	er of an aumonized rediesemanye of a f	
(In accordance with section 6	er or an authorized representative of a 1508.408(3), F.S., the execution of this document contaities of perjury that the facts stated herein are true	nstitutes

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.

The name of the Limited Liability Company is:  VyMed Investments, LLC					
	Donald Ward				
	(Name)	<del></del> -			
	5081 Ortega Forest Drive  Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	7.00100 501001 (1.00 501 1.10				
	Jacksonville FL 32210  City/State/Zip				
liability comp agent and agr relating to the	n named as registered agent and to accept service of process for the above apany at the place designated in this certificate, I hereby accept the appoint gree to act in this capacity. I further agree to comply with the provisions the proper and complete performance of my duties, and I am familiar with after my position as registered agent as provided for in Chapter 608, Florida (Signature)	ntment as registered of all statutes and accept the			

\$ :	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 : 0470459
DATE INC/AUTH/FILED: 11/23/2004
JURISDICTION : GEORGIA
PRINT DATE : 02/22/2005
FORM NUMBER : 211

VYMED INVESTMENTS
WILLIAM DUNCAN
555 SUN VALLEY DRIVE P-4
ROSWELL, GA 30076

#### 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

## VYMED INVESTMENTS, LLC A GEORGIA LIMITED LIABILITY COMPANY

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.

20050222210601722



Cathy Cox