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Deborah Rickard (Requestor's Name) MDVP Inc (Address) GOOJ Broken Sound Pkv Suite 100 (Address) Boca Robon Fl 33487 (City/State/Zip/Phone #)	y, NN 10006535156
(Business Entity Name) (Document Number)	grand- ghai gag
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February 21, 2006

DEBORAH RICKARD MDVIP, INC. 6001 BROKEN SOUND PKWY, NW, SUITE 100 BOCA RATON, FL 33487

SUBJECT: MDIET, LLC

Ref. Number: W06000008685

We have received your document for MDIET, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

w/ letta

Letter Number: 406A00012421

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: MDiet, LLC (Name of	f Limited Liability Company)	
	ed Liability Company for Authorization to Transact Business in are submitted to register the above referenced foreign limited ida	
Please return all correspondence concerning t	this matter to the following:	
Darin E	(Name of Person)	
	(Name of Person)	
MDret, LL	C	
	(Firm/Company)	
6001 Brok	en Sond Parking, NW Steoloo (Address) FL 33487 SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	F-1-1-1
Boca Raton	ity/State and Zip Code)	27 27
For further information concerning this matter	70 5 T	
Darin Engelhart	at (561) P86-1484 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\Bigsim \\$125.00 \text{ Filing Fee} \Bigsim \\$130.00 \text{ Filing F} Certific		y

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:

Liability Company)
• •
3. (FEI number, if applicable), Q
Por Or
5 perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
exist of perpetual)
mc 3
lorida, if prior to registration.) S. to determine penalty liability)
PATE TO THE TO THE PATE TO THE
s of Principal Office)
Parkway, Suite 100, Boca Raton, FL 3348
arkway, Suite 100, Boca Raton, FL 33487
rkway, Suite 100, Boca Raton, FL 33487 days old, duly authenticated by the official having custody of recopy is not acceptable. If the certificate is in a foreign language, a mitted.)
r promoted in Florida: provision of weight
preventive care services
~
athorized representative of a member.
F.S., the execution of this document constitutes

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:
M Diet, LLC
2. The name and the Florida street address of the registered agent and office are:
Davin Engelhardt
6001 PMOKO Sound Parkur NW Furst 100 Florida Street Address (P.O. Box NOT ACCEPTABLE)
Paca Raton FL 33487 FL 33487
Having been named as registered agent and to accept service of process for the above stated that ed 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.
(Signature)

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MDIET, 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2006.





Varriet Smith Windson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4523406

DATE: 02-14-06

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