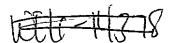
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-need address the
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MRI Chemed LLC	
(Name of Lin	nited Liability Company)
	ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited
Please return all correspondence concerning this r	natter to the following:
Yvonne Williams	
(Na	ame of Person)
Meridian Realty Investments LI	.C
(Fi	rm/Company)
325 Fifth Ave Suite 202	
	(Address)
Indialantic, FL 32904	
(City/S	tate and Zip Code)
For further information concerning this matter, ple	ease call:
Yvonne Williams	at (321) 956-2000
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: []\$125.00 Filing Fee	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate f Status Certified Copy of Status & Certified Copy
	ı



March 24, 2006

YVONNE WILLIAMS MERIDIAN REALTY INVESTMENTS LLC 325 FIFTH AVENUE, STE. 202 INDIALANTIC, FL 32904

SUBJECT: MRI CHEMED LLC Ref. Number: W06000014378

We have received your document for MRI CHEMED LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with 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) 245-6853.

Letter Number: 006A00020316

Leslie Sellers Document Specialist

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:

MRI Chemed LLC	
(Name of Foreign Limited	Liability Company)
Delaware	3 20-4359886
Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
02/15/2006	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
O to Entire the Control of the Contr	
(Date first transacted business in Fl (See sections 608,501 & 608,502 F.S	orida, if prior to registration.) Let o determine penalty liability)
335 FIFTH Aue Sui	ta 202
cludialantie 74 3	<i>3903</i> -
(Street Address	of Principal Office)
If limited liability company is a manager-managed	company, check here
The name and usual business addresses of the man	againg members or managers are as follows:
Brendan T Fitzgerald 487 Bella Camino Way, Indi	alantic, FL 32903
Terri Allen 9707 US Highway 42, Prospect, KY	40059
	-
	days old, duly authenticated by the official having custody of records
jurisdiction under the law of which it is organized. (A photocop	
nslation of the certificate under eath of the translator must be sub-	mitted.)
. Nature of business or purposes to be conducted of	r promoted in Florida: Administrative
Granden 7	Fitzgerald Es &
	thorized representative of a member.
(In accordance with section 608.408(3), F an affirmation under the penalties of perj	

Typed or printed name of signee

Brendan Fritzgerald

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:	
RI Chemed LLC	
The name and the Florida street address of the registered agent and office are:	
Brendan Fritzgerald	
(Name)	
325 Fifth Ave Suite 202	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	-
Indialantic 3290 3 FL	
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, Florida Statutes.

Branden Z Ftrygrald (Signature)

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



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MRI CHEMED, 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 TENTH DAY OF MARCH, A.D. 2006.



Darriet Smith Hindson Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4583595

DATE: 03-10-06

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