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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:

David SoftCOR LC

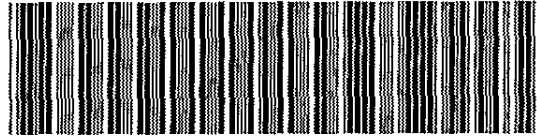
AUTHORIZATION BY PHONE TO

DIRECT #9

DATE 10/19/06

FOR EXAM [Signature]

Office Use Only



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02/27/06--01078--011 **100.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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[Signature]

Wdp 9890

*National***HEALTH**

Resources, LLC

MEMORANDUM

TO: **Registration Section**
Division of Corporations

FROM: David Saft

DATE: February 24, 2006

RE: National Health Resources, LLC

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The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

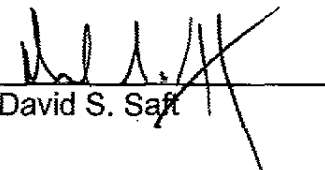
Please return all correspondence concerning this matter to the following:

David Saft
National Health Resources, LLC
P O Box 811719
Boca Raton, FL 33431-1719

For further information concerning this matter, please call:

David Saft at 561-862-0561

Enclosed is a check for \$125.00



David S. Saft



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2006

DAVID S. SAFT
NATIONAL HEALTH RESOURCES, LLC
P.O. BOX 811719
BOCA RATON, FL 33431

SUBJECT: NATIONAL HEALTH RESOURCES, LLC
Ref. Number: W06000009890

We have received your document for NATIONAL HEALTH RESOURCES, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 406A00014165

**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. National Health Resources, LLC
(Name of Foreign Limited Liability Company)

2. Delaware 3. 13-4242089
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/3/03 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 1/02/06
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2200 NW Corporate Blvd - Suite 306
Boca Raton FL 33431
(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:

David S. Saft
2200 NW Corporate Blvd., Suite 306
Boca Raton, FL 33431

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: Sale of
educational videos and DVDs to Nursing schools

Mel 1.4K
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.)

David S. Saft
Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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**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:

National Health Resources, LLC

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

David Saft

(Name)

2200 NW Corporate Blvd- Suite 306

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

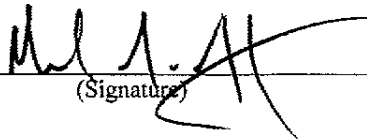
Boca Raton

FL

33431

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.



(Signature)

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

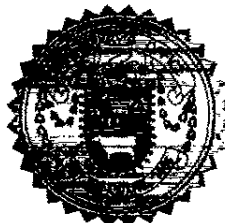
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SECRETARY OF STATE
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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL HEALTH RESOURCES, 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 TWENTY-SECOND DAY OF FEBRUARY, A.D. 2006.



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4540706

DATE: 02-22-06