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(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





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DIVISION OF CORPORATIONS

07 MAR -8 AM II: I. a

4. BRYNN MAR - 9 2007

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tempus LLC aba Emerald Heatth Services (Name of Limited Liability Company)
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:
Mark Stagen 5 Person) 5 Person
Enevald Health Services
(Finite Company)
1333 3年 84, 井403 5票
(Address)
Santa Monica, CA 90401 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Mark Stages at (800) 917-5055 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\frac{1}{2}\$\$125.00 Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee & \$\frac{1}{2}\$\$\$155.00 Filing Fee & \$\frac{1}{2}\$



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2007

MARK STAGEN EMERALD HEALTH SERVICES 1333 2ND ST. #403 SANTA MONICA, CA 90401

SUBJECT: TEMPUS, LLC Ref. Number: W07000009904 DIVISION OF CORPORATIONS
OF WAR -8 AM 11: 49

We have received your document for TEMPUS, 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 the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 707A00014126

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: Name of Foreign Limited Liability Company) (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 12/2000 Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability). (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: 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:

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507. FLORIDA STATUTES, THE UNDERSIGNED LIMITED MABILITY 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	
Tempus, LLC	
2. The name and the Florida street address of the registered agent and office are:	SECR 01V15101
Ron Gibson	HAR -
(Name)	8 07.0
2015 S. Tuttle Ave.	AM II
Florida Street Address (P.O. Box NOT ACCEPTABLE)	FATE IIS
Saxusota 11 34239-4100	9 318
Chy/State/Zip	

Having been numed as registered agent and to accept service of process for the above stated limited tubility 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 this proper and complete performance of my duties, and I am familiar with and accept the obligations of my passition as registered agent as provided for in Chapter 608. Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
5 25.00 Designation of Registered Agent

5 30.00 Certified Copy (optional)

\$ 5.00 Contificate of Status (optional)

State of California Secretary of State



CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED LIABILITY COMPANY

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the **12th day of December, 2000, TEMPUS, LLC,** became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California: and

That no information is available in this office on the financial condition of this limited liability company.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 19, 2006.



BRUCE McPHERSON Secretary of State