

108000001936

(Requestor's Name)

735 Hummingbird Way #204  
North Palm Beach, FL 33408

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

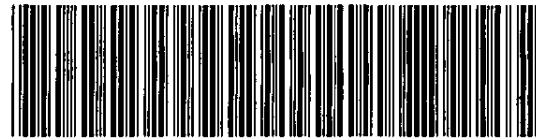
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G. MCLEOD

APR 23 2008

EXAMINER



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

08 APR 22 PM 2:47

CSS  
6000-1500

**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. MEDICAL PRODUCT DISCOUNTERS LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

**2. DELAWARE**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 26-1567827**

(FEI number, if applicable)

**4. 12-06-2007**

(Date of Organization)

**5. PERPETUAL**

(Duration: Year limited liability company will cease to exist or "perpetual")

**6. NOT YET**

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

**7. 735 HUMMINGBIRD WAY #204**

**NORTH PALM BEACH, FL 33408**

(Street Address of Principal Office)

**8. If limited liability company is a manager-managed company, check here ☐**

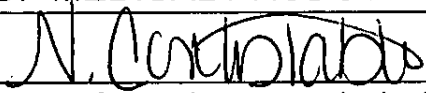
**9. The name and usual business addresses of the managing members or managers are as follows:**

**NICOLE CONTESTABLE 735 HUMMINGBIRD WAY #204 NORTH PALM BEACH, FL 33408**

**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: ECOMMERCE**

**RETAIL SALES OF MEDICAL PRODUCTS**

  
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.)

**NICOLE CONTESTABLE**

Typed or printed name of signee

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 APR 22 PM 2:47

**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:

**MEDICAL PRODUCT DISCOUNTERS LLC**

If name unavailable, the alternate name to be used in the state of Florida is:

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

**NICOLE CONTESTABLE**

(Name)

**735 HUMMINGBIRD WAY #204**

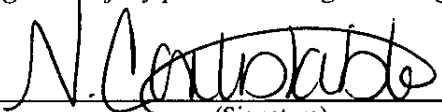
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

**NORTH PALM BEACH**

**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.*

  
(Signature)

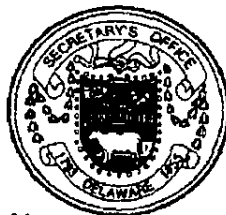
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# Delaware

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## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL PRODUCT DISCOUNTERS 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 THIRTY-FIRST DAY OF MARCH, A.D. 2008.



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6487193

DATE: 03-31-08