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| (Re | equestor's Name) | | | |
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| (Ad | ldress) | | | |
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| (Cit | ty/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | rsiness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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S. HAWKES

APR - 6 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|--|---|--|--|--|--|
| SUBJECT: MEI Informatics, LLC | | | | | |
| (Name of Limited Liab | lity Company) | | | | |
| Enclosed please find the following, including: 1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida; 2. Certificate of Existence; 3. Certificate of Designation of Registered Agent/Registered Office; and 4. check in the amount of \$155.00. | | | | | |
| Please return all correspondence concerning this matter to the | ne following: | | | | |
| Gail H. Straith | | | | | |
| (Name of Person) | | | | | |
| Giarmarco, Mullins & Horton, PC | | | | | |
| (Firm/Company) | | | | | |
| 101 West Big Beaver Road, 10th Floor | | | | | |
| (Address |) | | | | |
| Troy, MI 48084 | | | | | |
| (City/State and Zip Code) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Gail H. Straith | 48 ₎ 457-7134 | | | | |
| | a Code & Daytime Telephone Number) | | | | |
| | CT ADDRESS: | | | | |
| Division of Corporations Division of Corporations | | | | | |
| Tallahassee, FL 32314 2661 Ex | Building kecutive Center Circle ssee, FL 32301 | | | | |
| Enclosed is a check for the following amount: \$\sum \\$125.00 \text{ Filing Fee} \sum \\$\sum \\$130.00 \text{ Filing Fee & } \sum \\$\sum \\$155 \text{ Certificate of Status} | .00 Filing Fee & \$\bigcup \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy | | | | |

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:

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE | STATE OF FLORIDA: |
|---|--|
| 1. MEI Informatics, LLC (Name of Foreign Limited Liability Company; must include the company) | de "Limited Liability Company," "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.L.C.," "LLC.") | te of transacting business in Florida and attach a copy of the written mate name. The alternate name must include "Limited Liability |
| ₂ Delaware | 26-4366584 |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) |
| 4. February 26, 2009 5 | . Perpetual |
| (Date of Organization) | (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. Not yet begun | ي المالية الما |
| (Date first transacted business in Flo (See sections 608.501 & 608.502 F.S. | rida, if prior to registration.) to determine penalty liability) |
| 7. MEI Informatics, LLC | |
| 11772 West Sample Road, Cora | al Springs, FL 33065 |
| 8. If limited liability company is a manager-managed | company, check here |
| 9. The name and usual business addresses of the mana | aging members or managers are as follows: |
| N/A | |
| | |
| | |
| | |
| 10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under eath of the translator must be subn | |
| 11. Nature of business or purposes to be conducted or | promoted in Florida: |
| Marketing tools for healthcare; a | nd anythin g leg al. |
| AA | |
| Signature of a member or an au | thorized representative of a member. |
| an affirmation under the penalties of perju | S., the execution of this document constitutes ary that the facts stated herein are true.) |
| Gordon Baltzer | |

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 LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA

| FLORIDA. | | | | |
|---|--|--|--|---|
| 1. The name of the | ne Limited Liability Com | pany is: | | 7 |
| MEII | nformatics, | LLC | | |
| | ole, the alternate name to | | of Florida is: | |
| 2. The name and | the Florida street addres | s of the registered ag | gent and office are: | |
| | С | T Corporation System | | |
| | | (Name) | | _ |
| | 1200 | South Pine Island Roa | d | |
| _ | Florida Street Ac | idress (P.O. Box NOT | ACCEPTABLE) | |
| | Plantation | FL | 33324 | |
| | | City/State/Zip | | _ |
| liability company of agent and agree to relating to the prop obligations of my p | d as registered agent and at the place designated in act in this capacity. I fin per and complete perform position as registered agent T Corporation System (Signature) | this certificate, I her ther agree to comply ance of my duties, ar | eby accept the appoing with the provisions of the last am familiar with Chapter 608, Florida | ntment as registered of all statutes and accept the |
| | \$ 100.00 | | | |
| | \$ 25.00 \$ 30.00 | • | Registered Agent optional) | · |
| | \$ 5.00 | - · | | |

Delaware

PAGE 1

The First State

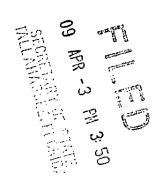
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MEI INFORMATICS, 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-FIFTH DAY OF MARCH, A.D. 2009.



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AUTHENT\CATION: 7209078

DATE: 03-25-09

You may verify this certificate online at corp.delaware.gov/authver.shtml