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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only

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SE DE LEE

Attention: Gina

From: Taruna S. Lombeshkon

Phone: (850) 245-6851

Senders Phone: (813) 267-2674

RE: Infinitas Health LLC

NOTES: Gina, thanks for your time today. Enclosed is the statement of good standing from DE. Please process the foreign entity application accordingly for Infinitas Health LLC. Also, please update the business address in the database to the following new address:

Infinitas Health LLC 433 Plaza Real Suite 275 Boca Raton, Fl 33432

Phone Number: (561) 948-8050

Fax: (561) 948-8051

Since the Original Certificate of DE Formation was sent could you please return this with the certification seal paperwork to the business address above. Thank you for all your help.

Sincerely, Taruna Lombeshkon (813) 267-2674

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Infinited Liability Company) SUBJECT: Infinited 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:
<u>laruna</u> S. Lombeshkon (Name of Person)
Infinitas Health LLC (Firm/Company)
(Firm/Company)
9928 Grand Verde Way
(Address)
Boca Raton, Fl. 33428
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (8/3) 267-2674 (Area Code & Daytime Telephone Number)
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations 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: \$\Begin{array}{c} \preceq \prec

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 FOLLMITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	PREIGN
Intritas Health 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili Company," "L.L.C.," "LLC,")	
2. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
4. March 30, 200 9 5. Perfual (Duration: Year limited liability company will cease to	
exist or "perpetual") 6.	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7	DIVISI
Boca Ration FL 33432 (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 recthe 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.)	ords in
11. Nature of bysiness or purposes to be conducted or promoted in Florida: Half Moducts, Solutions, & Sevoces & Green De	evelopment
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.)	
1 aruga S. Lomber Union	

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: Infinitus Health 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: \[\left(\frac{1}{\text{AUNA}} \frac{S-\text{Lombeskkov}}{(\text{Name})} \]
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Boca Rafor, FL 33428 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

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INFINITAS HEALTH 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 SIXTEENTH DAY OF APRIL, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFINITAS HEALTH LLC" WAS FORMED ON THE THIRTIETH DAY OF MARCH, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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You may verify this cortificate online at corp.delaware.gov/authvor.shtml

Jeffrey W. Bullock, Secretary of State
AUTHENTYCATION: 7248051

DATE: 04-16-09