

M10000002011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

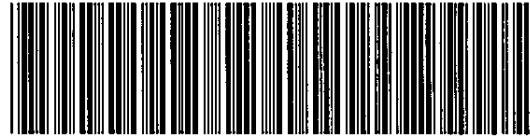
(Business Entity Name)

(Document Number)

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

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14 SEP -8 PM 1:45

STATE  
TALLAHASSEE, FLORIDA

SEP - 9 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CANDESCENT HEALING, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick McCloskey

Name of Person

CANDESCENT HEALING, LLC

Firm/Company

c/o DICKSTEIN SHAPIRO LLP, 1633 Broadway, 31 Floor

Address

New York, NY 10019

City/State and Zip Code

Patrick.Seiler@RestorixHealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Seiler, CFO of Restorix Health, Inc., sole member at ( 914 ) 372.3156

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E055 (12/13)

## DICKSTEINSHAPIRO<sub>LLP</sub>

1633 Broadway | New York, NY 10019-6708  
TEL (212) 277-6500 | FAX (212) 277-6501 | dicksteinshapiro.com

September 2, 2014

### VIA FEDERAL EXPRESS

Ms. Teresa Brown  
Regulatory Specialist II  
Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Candescent Healing, LLC**  
**Ref. No. M10000002011**

Dear Ms. Brown:

As per your letter dated August 22, 2014 (a copy of which is enclosed for your convenience), enclosed please find a certified copy of the Certificate of Merger along with the application for Amended Certificate of Authority of a LLC. If there is anything further that is required, please do not hesitate to contact me.

Very truly yours,



Hiral Zalavadia  
(212) 277-6643 direct dial  
(212) 277-6501 direct fax  
ZalavadiaH@dicksteinshapiro.com

HZ  
Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2014

PATRICK MCCLOSKEY  
C/O DICKSTEIN SHAPIRO LLP  
1633 BROADWAY, 31 FLOOR  
NEW YORK, NY 10019

SUBJECT: CANDESCENT HEALING, LLC  
Ref. Number: M10000002011

We have received your document for CANDESCENT HEALING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6051.

Teresa Brown  
Regulatory Specialist II

Letter Number: 714A00018154

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: CANDESCENT HEALING, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: May 4, 2010

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: RestorixHealth LLC  
(must contain "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: \_\_\_\_\_

\_\_\_\_\_

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Patrick Seiler, Chief Financial Officer of Restorix Health, Inc., sole member

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
14 SEP -8 PM 1:45  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

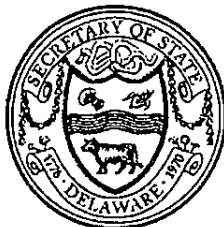
"RESTORIX MERGER SUB, LLC", A DELAWARE LIMITED LIABILITY COMPANY,


WITH AND INTO "CANDESCENT HEALING, LLC" UNDER THE NAME OF "RESTORIXHEALTH LLC", A LIMITED LIABILITY COMPANY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2013, AT 8:54 O'CLOCK P.M.

4725686 8100M

140893067

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



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1508440

DATE: 07-03-14

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 08:53 PM 12/31/2013  
FILED 08:54 PM 12/31/2013  
SRV 140000105 - 4725686 FILE

**STATE OF DELAWARE**

**CERTIFICATE OF MERGER OF DOMESTIC LIMITED LIABILITY COMPANIES**

Pursuant to Title 6, Section 18-209 of the Delaware Limited Liability Company Act, the undersigned limited liability company executed the following Certificate of Merger:


- FIRST:** The present name of the surviving limited liability company is Candescant Healing, LLC, and the name of the limited liability company being merged into this surviving limited liability company is Restorix Merger Sub, LLC.
- SECOND:** The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent limited liability companies.
- THIRD:** The name of the surviving limited liability company is Candescant Healing, LLC, which shall be amended to RestorixHealth LLC.
- FOURTH:** The merger is to become effective immediately upon filing of this Certificate of Merger.
- FIFTH:** The Agreement of Merger is on file at 220 White Plains Road, Fourth Floor, Tarrytown, NY 10591, the place of business of the surviving limited liability company.
- SIXTH:** A copy of the Agreement of Merger will be furnished by the surviving limited liability company on request, without cost, to any member of the constituent limited liability companies.

*[signature page follows]*

IN WITNESS WHEREOF, said surviving limited liability company has caused this  
certificate to be signed by an authorized person, the 31st day of December,  
A.D., 2013.

CANDESCENT HEALING, LLC.

By:

  
Authorized Person

Name: Arris Veronie

Title: Chief Financial Officer