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Foreign Limited Liability Company SPE MD Holdings, LLC

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Help

S. HAWKES

MAY 0 6 2010

**EXAMINER** 

#### COVER LETTER

Suhject:	SPE MD Holdin	
		. Name of Limited Liability Company
The enclosed "App Existence, and cha	lication by Foreign Limite k are submitted to register	ed Liability Company for Authorization to Transact Business in Florida," Cert r the above referenced foreign limited liability company to transact business is
Please return all co	respondence concerning the	this matter to the tollowing:
<del></del>	CATHY	Murray Name of Person
	Textro	rinancial Purporation
	40 N	Financial Porporation Financial Porporation  Pestminster Street  Address
	Prox	City/State and Zip Code
		ray of textrem financial com  ses: (We be used for future signal report noutrestion)
r further informati	on concerning this matter,	please tail:
(	Nather of Person	Area Code & Daytime Telephone Number
MAILING Division of Registration	Corporations	STREET ADDRESS: Division of Corporations Registration Section
P.O. Box 63 Tallahassee,	27	Clifton Building 2661 Executive Center Circle Tullshazzen, FL 32301
closed is a chec	k for the following an	nount:
Maracas	iling Fee S130.00 F	Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZA TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES. THE FOLLOWING IS SLIBMITTED TO REGISTER A TOO LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SPE MD Holdings, LIC (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.") Delaware (Jurisdiction under the law of which foreign lunlied liability 05-05/6/68 (FEI number, if applicable) company is organized) (Duration: Year limited exist or "perpetual") (Duty first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 40 Westminster Stree 02903 incet 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 cartificate is in a fixeign language, a translation of the certificate under outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Real ostate. 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.) Barbara L. Gaulien Manager :-

# OM SHOWS RESTORDA

# Manager's Report

As of SHAIZO10

# SPE MD Holdings, LLC

Managers
Thomas Cullen
Anorew Much
Ramon Munot

Manager Manager Manager

11575 Great Oaks Way, Alpharetta, GA 30022 11575 Great Oaks Way, Alpharetta, GA 30022 11575 Great Oaks Way, Alpharetta, GA 30022

Chief Financial Officer
President
Senior Vice President
Vice President
Vice President
Treasurer
Assistant Secretary
Applications of the president
Applications of the president of the

Gerard Hinckley Barbera Gaulien Donald Newberg

Ramon Munoz

Marc Burch

Nicole Brook

Officers

Brian F Lynn Andrew Much

Pamels Toro

11575 Great Osiks Way, Alphanetta, GA 30022 40 Westminster Street, Providence, RI 02903 40 Westminster Street, Providence, RI 02903

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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 th	to Limited Liability Com	pany is:	
SPF	MD Holdings	, LLC	
If unavailable, the	afternate to be used in th	e state of Florida is:	SS TE
2. The name and t	he Florida street address	of the registered agent and office ar	e: STATE
	CT	Corporation System	P. C.
		(Name)	
1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)		<del></del>	
_	Plantation	FL 33324 City/State/Zip	

Having been named us 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.

C T Corporation System

Kristen Betzgei

Vice Presiden?

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## Delaware

Dage 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPE MD HOLDINGS, 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 FIFTH DAY OF MAY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE

3360415 8300

100466271

You may verify this partificate online

AUTHENTICATION: 7974819

DATE: 05-05-10