

08-10-10

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From-Porter Wright Morris & Arthur LLP.

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Porter Wright

Porter Wright Morris & Arthur LLP
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Facsimile Cover Sheet

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Date: August 10, 2010 User: 3531 Client Matter #: 4001379-157659

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10 AUG 10 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE DELIVER TO:

FIRM

FACSIMILE #:

CONFIRMATION #:

Florida Dept. of State

Division of Corporations

850-617-6383

RE: **Health Data Group, LLC**

Fax Audit No.: H100001803593

Please file the following regarding the above referenced limited liability company

1. Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida.

We have requested a certificate of status and a certified copy of same.

Please call me if you have any questions. Thank you.

D. BRUCE

From: David J. Slenn, Esq. for
 Mary Beth M. Clary, Esq.

Telephone: (239) 593-2990 2010

THE ORIGINAL OF THIS DOCUMENT WILL BE SENT BY:

EXAMINER
☐ ORDINARY MAIL☐ OVERNIGHT DELIVERY SERVICE☐ MESSENGER☒ THIS WILL BE THE ONLY FORM OF DELIVERY

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. Health Data Group, 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. Nevada 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 23, 2010 5. Perpetual
(Date of Organization) (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. 6175 Riverwalk Lane, #4
Jupiter, Florida 33458
(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:
Lawrence Fagan, 6175 Riverwalk Lane, #4, Jupiter, Florida 33458
Kenneth B. Schwartz, PO Box 590662, Fort Lauderdale, Florida 33359
Blue Water Capital, LLC, 6820 NW 103rd Terrace, Parkland, Florida 33076

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: _____

Any lawful business

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.)

Les Capella of Blue Water Capital, LLC
Typed or printed name of signee

FILED
10 AUG 10 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Health Data Group, LLC

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

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

David J. Sienn

(Name)

9132 Strada Place, 3rd Floor


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

Naples FL 34108

City/State/Zip

FILED
10 AUG 10 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HEALTH DATA GROUP, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 23, 2010, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 10, 2010.

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20100810-1912
You may verify this electronic certificate
online at <http://www.nvsos.gov/>