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S. HAWKES

OCT 2 5 2010

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: MD1 Services FL, LLC			
Name of Limited Liability Company			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Flori			
Please return all correspondence concerning this matter to the following:			
W. Harrison Coleman, Jr., Esq.			
Name of Person			
Coleman Talley LLP			
Firm/Company			
7000 Central Parkway NE, Suite 1150			
Address			
Atlanta, GA 30328			
City/State and Zip Code			
jessica.davis@colemantalley.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Jessica Davis at (678) 987-0930			
Name of Person Area Code & Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount: \$\int_{\text{substitute}}^{\text{substitute}} = \int_{\text{certificate}}^{\text{substitute}} = \int_{\text{certificate}}^{\text{substitute}} = \int_{\text{certificate}}^{\text{substitute}} = \int_{\text{certified Copy}}^{\text{substitute}} = \int_{certified			

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

	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MD1 Services FL, LLC
٠.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written nsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
	Georgia 3. 27-3718260
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
4.	October 20, 2010 5. Perpetual
	October 20, 2010 (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (Date first transacted business in Florida, if prior to registration.)
5.	(Date first transacted business in Florida, if prior to registration.)
	(See sections 608.501 & 608.502 F.S. to determine penalty hability)
7.	2030 Powers Ferry Road, Suite 120
	Atlanta, GA 30339
	(Street Address of Principal Office)
3.	If limited liability company is a manager-managed company, check here
).	The name and usual business addresses of the managing members or managers are as follows:
	Richard J. Hicks
	2030 Powers Ferry Road, Suite 120
	Atlanta, GA 30339
he	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)
i 1	. Nature of business or purposes to be conducted or promoted in Florida: HR Services
	wes Cu-
	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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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.

1. The name of the Limited Liability Company is:	
MD1 Services FL, LLC	
If unavailable, the alternate to be used in the state of Florida is:	007 22 N
2. The name and the Florida street address of the registered agent and office are:	
C.T Corporation System	
(Name) 1200 South Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation FL 33324	
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.

Darny Verdecchia, Jr. Asst. Secretary

\$ 100.00 / Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Control No. 10073604

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

MD1 SERVICES FL, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 10/20/2010 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 21st day of October, 2010

B: 1.h-

Brian P. Kemp Secretary of State

Certification Number: 6205071-1 Reference: HC0078.021 Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp