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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
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DEPARTMAN OF TAKE SHYDOR OF CURPORATIONS

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EXAMINER

10 NOV 19 AM 9: 09

SECRETARY OF STATE
IVISION OF CORPORATIONS



ACCOUNT NO. : 12000000195

REFERENCE :

AUTHORIZATION

COST LIMIT

ORDER DATE: November 19, 2010

ORDER TIME : 2:51 PM

ORDER NO. : 583813-005

CUSTOMER NO: 7270791

FOREIGN FILINGS

NAME: FX MEDIC, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations			
	·	, and the second se		
SUBJE	ECT: FX Medic, LLC	(
		Name of Limited Liability Company		
		Liability Company for Authorization to Transact Business in Florida," Certificate of a bove referenced foreign limited liability company to transact business in Florida		
Please	return all correspondence concerning this	matter to the following:		
	Sandra D. Narbesky			
		Name of Person		
	ey L.L.P.			
		Firm/Company		
	8000 Towers Crescent Drive, Suite 1400			
		Address		
	Vienna, VA 22182-6212			
		City/State and Zip Code		
	snarbesky@ssd.com			
	E-mail address	s: (to be used for future annual report notification)		
For furt	ther information concerning this matter, p	lease call:		
	Sandra D. Narbesky	at (703) 720-7862		
	Name of Person	Area Code & Daytime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section	STREET ADDRESS: Division of Corporations Registration Section		
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

\$125.00 Filing Fee \$\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

Certified Copy

of Status & Certified Copy

Enclosed is a check for the following amount:

Certificate of Status

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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

IAMILIED LIABILITY COMPAINT TO TRAINSACT DOSINESS IN TE	TE STATE OF FLORIDA.	
1. FX Medic, LLC (Name of Foreign Limited Liability Company; must in	Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(, table of , ottage, outlined blastice, outlines, , mass -		
(If name unavailable, enter alternate name adopted for the pur	pose of transacting business in Florida and attach a copy of the written lternate name. The alternate name must include "Limited Liability	
Company," "L.L.C," "LLC.")	steriate name. The atternate name must steriate. Entiried District	
2. Delaware	3. <u>27-3949121</u>	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
4. November 8, 2010	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
6. (Date first transacted business in)	Elevida if evier to registration	
(See sections 608.501 & 608.502 F	S. to determine penalty liability)	
7. 10151 Deerwood Pk Blvd. 200, Suite 250		
Jacksonville, FL 32256		
(Street Addres	ss of Principal Office)	
8. If limited liability company is a manager-manage	ed company, check here	
9. The name and usual business addresses of the ma	anaging members or managers are as follows:	
Harbinger Investments, LLC (Sole Member)		
1210 Windrock Drive, McLean, VA 22102-1545		
1210 WHILIOCK DIEVE, McLean, VA 22102-1343	,	
	·	
	O days old, duly authenticated by the official having custody of records in	
the jurisdiction under the law of which it is organized. (A photoco translation of the certificate under oath of the translator must be sti		
11. Nature of business or purposes to be conducted	or promoted in Florida:	
Any lawful business for which limited liability co	-	
1018.	, D	
Signature of a member or an a	outhorized representative of a member.	
	ecution of this document constitutes an affirmation under the	
	true. I am aware that any false information submitted in a	
John A. Bricker. President and	es 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.

The name of the Limited Liability Company is: FX Medic, LLC				
If unavailable, th	ne alternate to be used	in the state of Florida is:		
2. The name and	the Florida street add	ress of the registered agent and office are:		
(Corporation Service Co	ompany		
		(Name)		
1	201 Hays Street			
,	Florida Stree	t Address (P.O. Box <u>NOT</u> ACCEPTABLE)		
	Tallahassee	FL 32301		
		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.

Corporation Service Company

(Signature)
Elizabeth A. Smith, Asst. V.P.

\$ 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 "FX MEDIC, 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 NINETEENTH DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FX MEDIC, LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2010.

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

4895271 8300

101107088

jeffrey W. Bullock, Secretary of State AUTHENTICATION: 8367760

DATE: 11-19-10

You may verify this certificate online