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From: Carrie L. Ramos, Paralegal please fax confirmation to 407 244-5690 Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078

Phone

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company Medicloud, LLC

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J. BRYAN

NOV **2.4,** 2010

EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

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:

1.	Medicloud, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company", "L.L.C." or "LLC"				
If nam	e unavailable, enter alternate name adopted for the purpose of rs or managing members adopting the alternate name. The altern	transacting busine	ess in Florida and attach a copy of the writing "Limited Liability Company", "L.L.C."	iten consent of the or "LLC")	
2.	Delaware	3.	27–4023272		
	(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)		
4.	November 12, 2010	5.	Perpetual		
	(Date of Organization)		(Duration: Year limited hability company will cease to Exist or "perpetual")		
5.	Upon qualification				
	(Date first transacted bus (See Sections 608,501 & 60				
7.	1420 Whitney Isles Drive, Windermer				
•		ess of Principal Off		200	
3.	If limited liability company is a manager-managed company, check here				
€.	(Street Address of Principal Office) 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: NAME/TITLE ADDRESS Christopher R. Shaw, Manager 1420 Whitney Isles Drive Windermere, Florida 34786				
	NAME/TITLE		<u>ADDRESS</u>	FOR SE	
	Christopher R. Shaw, Manager		1420 Whitney Isles Drive Windermere, Florida 34786	THE STATE OF THE S	
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.)				
1.	Nature of business or purposes to be conducted or promoted in Florida:				
	Any lawful act or activity which may l	e transacte	d under Florida law.		
	Signature of a member or an authorized repres (In accordance with Section 608.408(3), F.S., the execution of an affirmation under the penalties of perjury that the facts state	f this document coi	nstitutes		

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:			
	Medicloud, I.LC	···-		
If una	available, 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:	10 HOV		
	Christopher R. Shaw	瑟23 厂		
	(Name)	Si-X 17		
	1420 Whitney Isles Drive	mg Z		
	Florida Street Address (PO Box NOT acceptable)	70,00		
	Windermere, Florida 34786	DATE ORNE		
	City/Stute/Zip	5/		
comp act in perfo	ng been named as registered agent and to accept service of process for the ab any at the place designated in this certificate, I hereby accept the appointment as re this capacity. I further agree to comply with the provisions of all statutes relating rmance of my duties, and I am familiar with and accept the obligations of my pos ded for in Chapter 608, Florida Statutes.	gistered agent and agree to to the proper and complete		
Print	(Signature) Name: Christopher R. Shaw			

\$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 "MEDICLOUD, 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2010.

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

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

10 NOV 23 AM 8: 21
SECRETARY OF STATE

4897229 8300

101080551

You may verify this certificate online

AUTHENTY CATION: 8354062

DATE: 11-15-10