M11000003536

(Requestor's Name)			
(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:			
WII-33636			

Office Use Only



100208935991

06/20/11--01042--016 **982.50

07/14/11--01002--003 **297.50

11 JUL 13 AH 6: 38

D. BRUCE

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: QOL Medical, LLC				
	Name of Limited Liability Company			
The enclosed "Application by Foreign Limited Existence, and check are submitted to register to	Liability Company for Authorization to Transact Business in Florida," he above referenced foreign limited liability company to transact busin	Certific ess in Fl	ate of lorida.	
Please return all correspondence concerning this	s matter to the following:			
William V. Bryant				
	Name of Person			
QOL Medical, LLC				
	Firm/Company			
325 Five Acre Road				
	Address			
Alpharetta, GA 30004				
	City/State and Zip Code			
wbryantemail@yahoo.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter,	·		or many or aumo or or	
William V. Bryant	Area Code & Daytime Telephone Number	=		
Name of Person	Area Code & Daytime Telephone Number	တ္ မေ (မရ		
MAILING ADDRESS: Division of Corporations Registration Section	STREET ADDRESS: Division of Corporations Registration Section	.69.		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following an \$125.00 Filing Fee \$130.00 Filing Certificate of	g Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificat	e		



June 22, 2011

WILLIAM V. BRYANT 325 FIVE ACRE ROAD ALPHARETTA, GA 30004

SUBJECT: QOL MEDICAL, LLC Ref. Number: W11000033636

We have received your document for QOL MEDICAL, LLC and your check(s) totaling \$982.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$\$1280.00.

There is a balance due of \$297.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 211A00015137

11 JUL 13 AM 8: 34

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. QOL Medical, LLC	
(Name of Foreign Limited Liability Company; must include	le "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern	e of transacting business in Florida and attach a copy of the writter
Company," "L.L.C," "LLC.")	nate hane. The aternate hane must include Diffined Diability
2. Delaware 3.	74-3030385
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 3/4/2002 5.	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. 10/14/2005	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
_{7.} 4445 N. Hwy A1A, 241	
Vero Beach, FL 32963	
(Street Address o	f Principal Office)
B. If limited liability company is a manager-managed of	company, check here 🗸
9. The name and usual business addresses of the mana	M
Derick Cooper, 4445 N. Hwy A1A, 241, Vero	Beach, FL 32963
	ORIE S
 	O.m
 10. Attached is an original certificate of existence, no more than 90 de the jurisdiction under the law of which it is organized. (A photocopy 	ays old, duly authenticated by the official having custody of records in is not accentable. If the certificate is in, a foreign language, a
ranslation of the certificate under oath of the translator must be submi	itted)
1. Nature of business or purposes to be conducted or	promoted in Florida: pharmaceutical company
,	· ·
Mille	
	nonized representative of a member.
(in accordance with section 608.408(3), F.S., the execut	tion of this document constitutes an affirmation under the

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

William V. Bryant, CFO/Gen'l Counsel

Typed or printed name of signee

penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a

· 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 Con	npany is:	
QOL Medical, LLC		
If unavailable, the alternate to be used in t	he state of Florida is:	
2. The name and the Florida street addres	s of the registered agent and offic	ce are:
Derick Cooper	(Name)	—— ≱o: →
4445 N. Hwy A1A, 2	. ,	1 JUL 1
	ddress (P.O. Box NOT ACCEPTABLE)	3 AM
Vero Beach,	FL 32963 City/State/Zip	H 8: 35

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)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "QOL MEDICAL, 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 TENTH DAY OF JUNE, A.D. 2011.

3499205 8300

110675160

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 8827077

DATE: 06-10-11

You may verify this certificate online at corp.delaware.gov/authver.shtml