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EXAMINER



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SECRETARY OF STATE:

BIVISION OF CORPORATIONS

Advanced Incorporating Service, Inc.

1317 California Street P.O. Box 20396 Tallahassee, FL 32316

Phone: 850-222-CORP Fax: 850-575-2724

Email: orders@advancedincorporating.com Website: www.advancedincorporating.com .

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Med-Tek LLC	1 SEP 30
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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:			
Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")			
MED-TEK OF DELAWARE 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. Delaware 3 45-3465029			
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)			
4. September 28, 2011 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. 4621 Ponce de Leon Bivd., Coral Gabies, FL 33146			
(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:			
David A. Schwedel, Member and Manager			
David A. Octivedel, Mottibel and Manager			
4621 Ponce de Leon Blvd., Coral Gables, FL 33146			
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: Software and device			
sales and services			
In an			
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.) Mark Casillas, Secretary and General Counsel			
Typed or printed name of signee			
r Aben of brunen using of signor			

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:	
Med-Tek LLC	
If unavailable, the alternate to be used in the state of Florida is:	
MED-TEK OF DELAWARE LLC	
2. The name and the Florida street address of the registered agent and office are:	
Capitol Corporate Services, Inc.	
(Name)	
155 Office Plaza Dr Ste A	
Florida Street Address (P.O. Box NOT 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 register 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. Gayle Windle, Assistant Secretary on behalf of Capitol Corporate Services, inc.	
\$ 100.00 Filing Fee for Application	
\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)	
\$ 5.00 Certificate of Status (optional)	

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that w	e are the Managers and/or Managing
Members of Med-Tek LLC	
(Name of Limited I	Liability Company)
a limited liability company duly organized an	d existing under the laws of
Delaware	
(State or Country of Organization)	
Because the name of this foreign limited liabi	lity company does not satisfy the
requirements of the s. 608.406, F.S., the limit	ed liability company hereby adopts the
following name to transact business in the sta	te of Florida:
Med-Tek of Delaware LLC	
(Name to be used by fimited liability company in Florida. N Company, L.L.C., or LLC.)	OTE: Name must end with Limited Liability
Date: 10-3-11	
Signature(s) of Manager(s) and/or Managing	Member(s):
David A. Schwedel	
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Delaware

DACK '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAMARE, DO HEREBY CERTIFY "MED-TEK 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MED-TEK LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2011.

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

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You may varify this certificate coline

Jeffrey W. Bullock, Secretary of State

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DATE: 09-30-11