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Office Use Only



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D. BRUCE

MAR 1 2 2012

EXAMINER

1111-59968



February 9, 2012

TABARE' D. TABAR 7435 S.W. 106TH CT. MIAMI, FL 33173

SUBJECT: T & R HEALTH ENTERPRISES LLC

Ref. Number: W11000059968

We have received your document for T & R HEALTH ENTERPRISES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 00 days prior to the delivery of the application to the Department of State days authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organ od, must be submitted to this office. A translation of the certificate under oath the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 012A00005905



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2012

TABARE' D. TABAR 7435 S.W. 106TH CT. MIAMI, FL 33173

SUBJECT: T & R HEALTH ENTERPRISES LLC

Ref. Number: W11000059968

We have received your document for T & R HEALTH ENTERPRISES LLC your check(s) totaling \$70.00. However, the enclosed document has not filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$55.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 612A00001733

www.sunbiz.org

Division of Comparations D.O. DOV 6297 Tallahagasa Florida 29214



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2011

TABARE' D. TABAR 7435 S.W. 106TH CT. MIAMI, FL 33173

SUBJECT: T & R HEALTH ENTERPRISES LLC

Ref. Number: W11000059968

We have received your document for T & R HEALTH ENTERPRISES LL and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$55.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 611A00027770

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FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED : . M DEC 12 PM 2: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 29, 2011

TABARE' D. TABAR 7435 S.W. 106TH CT. MIAMI, FL 33173

SUBJECT: T & R HEALTH ENTERPRISES LLC

Ref. Number: W11000059968

We have received your document for T & R HEALTH ENTERPRISES LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6921.

Maryanne Dickey Regulatory Specialist II Supervisor

Letter Number: 111A00026781



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: #R IFEALTH GNTERPRISES LLC
me of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") OVE HEALTH ENTERPRISES 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.") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Sept 28, 2010 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 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 fo 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.) Monical 11. Nature of business or purposes to be conducted or promoted in Florida: related DUSINISS 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: | • |
|--|----------|
| TER HEALTH ENTERPRISES LLC | |
| If unavailable, the alternate to be used in the state of Florida is: | |
| JOVE HEALTH ENTERPRISES LCC | |
| 2. The name and the Florida street address of the registered agent and office are: | |
| 1 ABARE D. TABAR 9320 MARINO CIRC Apt 108 | <u>র</u> |
| (Name) | |
| NAMES, 67 34119 | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| FL City/State/Zip | |
| City/States Esp | |

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)

*Corporations Section * P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

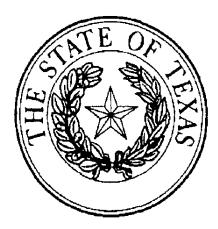
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for T & R HEALTH ENTERPRISES, LLC (file number 801319949), a Domestic Limited Liability Company (LLC), was filed in this office on September 18, 2010.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 06, 2012.



Hope Andrade Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 411457240002