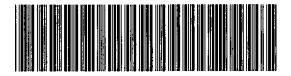
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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SECRETARY OF STATE FALLAHASSEE, FLORIDA

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: GLOBAL ADVANCES IN HEALTH AND MEDICINE LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Rebecca Cueto Name of Person
Global Advances in Health and Medicine LLC Firm/Company
982 Grant Place Address
Boulder, CO 80302 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rebecca Cueto at (303) 647-5655  Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:  Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\int_{125.00}\$ \text{Filing Fee} \int_{130.00}\$ \text{Filing Fee & Certificate of Status}  \$\int_{155.00}\$ \text{Filing Fee & Certificate Copy}  \$\int_{160.00}\$ \text{Filing Fee, 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:
1. Global Advances in Health and Medicine LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. De aware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 45-3039842 (FEI number, if applicable)
4. August 12, 2011 (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. April 9, 2012 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2437 NW Overton Street
Portland, OR 97210 (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 Riley, MD, 2437 NW Overton St., Portland, OR 97210
David Riley, MD, 2437 NW Overton St., Portland, OR 97210 Michele Mittelman, RN, 16 Rolling Lane, Dover, MA 02030
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: We have hired
a Sales Representative / Employee, working from his Florida residence
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 document to the Department of State constitutes a third degree felony as provided for in s.817-135, F.S.)
Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED ACENT/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:		
Global Advances in Health and Medicine LLC		
If unavailable, 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:		
NRAI Services, Inc.		
515 East Park Avenue, Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Tallahassee FL 3230  City/State/Zip		
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 registere 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.  NRAI SERVICES, INC.  Jessica Metagor, Assistant Secretary		
(Signaturo)		
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent		
\$ 30.00 Certified Copy (optional)		
\$ 5.00 Certificate of Status (ontional)		



PAGE :

### The First State

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

DELAWARE, DO HEREBY CERTIFY "GLOBAL ADVANCES IN HEALTH AND

MEDICINE 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 APRIL, A.D. 2012.

5024303 8300

120426907

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 9515391

DATE: 04-19-12

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