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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone

Fax Number : (305)633-9696

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

Email Address:

Foreign Limited Liability Company MEURICE JEAN-PIERRE JR MD LLC

Certificate of Status	0
Certified Copy	0
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J. SAULSBERRY **EXAMINER**

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Meurice Jean-Perce JR MD 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:
MAX A. ADAMS
The Medilaw FIRM
325 almeria avenue Address
0: 0
angie @ the medilawfirm. com
For further information concerning this matter, please call:
Angela Perez 11305, 444-3484 75 =
Name of Person Area Code & Dayrime 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 Tallahassee, FL 32301
Enclosed is a check for the following amount: S125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate} \text{Cartified Copy} \text{S160.00 Filing Fee, Certificate} \text{Of Status & Certified Copy}

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. Meurice Jean-Pierrce JR MD LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.", or "LLC.") TP PEDIATRIC EMERGENCY 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 (Jurisdiction under the law of which foreign limited liability 3. 45-5550855 (PEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organized)
4. (5-15-12 5. Per petrol. (Date of Organization) 5. (Duration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. NONE YET
6. No NE VET (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 5975 Sunset Drive STE 402
5975 Sunset Drive STE 402. South Miami Fracion 33143
(Street Address of Principal Office)
9. The name and usual business addresses of the managing members or managers are as follows:
and the second of the second o
South Minnin Florida 33,42
5975 SUNSET DEWE STE 402 59 & C South Minmi, Florida 33143 5 8 Meurice Jean-Rerre JR.
Meurice Jean-Herre JR.
10. Attached is an original certificate of existence, no more than 90 days old, duty 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 each of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Emergency Mediane
~ Colodra
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.)
MAX A. ADAMS
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: Meunce Jean-Pierre JR HD LLC		
If unavailable, the alternate to be used in the state of Florida is: JP PEDIATTIC EMERBERCY LLC		
2. The name and the Florida street address of the registered agent and office are: The Medican Fram (Name) 335 Almeria avenue Florida Street Address (P.O. Box NOTACCEPTABLE) Coral Gables FL 33134 City/State/Zip	2012 JUL -9 AM 8 50 SEURETARY OF STATE TALLAHASSEE, FLORIDA	

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.

\$ 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

a limited liability company duly organized and existing under the laws of		
DELAWARE		
(State or Country of Organization)		
Because the name of this foreign limited liability company does not satisfy the		
requirements of the s. 608.406, F.S., the limited liability company hereby adopt	s the	
following name to transact business in the state of Florida:		
JP PEDIATRIC EMERGENCY LLC	<u> </u>	
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)	SEC SEC	2012 1111
Date: 7-6-12	HA.	=
Signature(s) of Manager(s) and/or Managing Member(s):		0
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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEURICE JEAN-PIERRE JR MD 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 NINETERNTH DAY OF JUNE, A.D. 2012.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEURICE JEAN-PIRRRE JR MD LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2012.

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DATE: 06-19-12

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State of Delaware Secretary of State Division of Corporations Delivered 04:52 PM 06/15/2012 FILED 04:26 PM 06/15/2012 SRV 120745082 - 5170825 FILE

CERTIFICATE OF FORMATION OF MEURICE JEAN-PIERRE JR MD LLC

The undersigned, being an authorized person for purposes of executing this Certificate of Formation on behalf of MEURICE JEAN-PIERRE JR MD LLC, a Delaware Limited Liability Company (the "L.L.C."), desiring to comply with the requirements of 6 <u>Del.C.</u> Section 18-201 and the other provisions of the Delaware Limited Liability Company Act, 6 <u>Del.C.</u> Section 18-101, <u>et seq.</u> (the "Act"), hereby certifies as follows:

- 1. <u>Name of the L.L.C.</u> The name of the L.L.C. is: MEURICE JEAN-PIERRE JR MD LLC.
- 2. Registered Office and Registered Agent of the L.L.C. The name of the registered agent for service of process on the L.L.C. in the State of Delaware is Agents and Corporations, Inc. The address of the registered agent of the L.L.C. and the address of the registered office of the L.L.C. in the State of Delaware is 1201 Orange Street, Suite 600, Wilmington, DE 19801.
- 3. <u>Date of Formation and Effective Date</u>. The date of formation and the effective date of the L.L.C. shall be the date of filing of this Certificate of Formation with the Secretary of State of the State of Delaware.

IN WITNESS WHEREOF, the undersigned hereby executes this Certificate of Formation in accordance with the provisions of 6 <u>Del.C.</u> Section 18-201 on June 15, 2012.

John Williams (Authorized Person) SECRETARY OF STATE.