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Foreign Limited Liability Company TL HEALTHCARE HOLDINGS LLC

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B. KOHR

JUL 1 1 2012

EXAMINER

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APPL			「Y COMPANY FOR AUTHORIZATION TO S IN FLORIDA
IN COMPI LIMITED L	'IANCE WITH SECTION 608.503, FLORIDA ST. IABILITY COMPANY TO TRANSACT BUSINESS II	ATUTES, TH VTHE STATI	E FOLLOWING IS SUBMITTED TO REGISTER A FOLLOWING
1(Na	TL HEALTHC	ARE HC	DLDINGS LLC mited Liability Company," "L.L.C.," or "LLC.")
consent of			ansacting business in Florida and attach a copy of the writ ame. The alternate name must include "Limited Liability
_	DEL AVADE		AE A22927E
2. (Jurisdic company	DELAWARE tion under the law of which foreign limited liab v is organized)	ility 3	(FEI number, if applicable)
1	1/5/12	5	Perpetual
4	1/5/12 (Date of Organization)	J. (D ex	Perpetual Puration: Year limited liability company will cease to list or "perpetual")
,			
6	(Date first transacted business (See sections 608.501 & 608.50	in Florida, i	f prior to registration.)
	(See sections 608.501 & 608.50	2 F.S. to det	ermine penalty liability)
7. 3500	S. DuPont Hwy.		
Dove	r, DE 19901	dress of Priv	cipal Office)
	(511561.714	June 33 OI 1 111	cipal Office)
8. If limi	ted liability company is a manager-man	aged comp	any, check here
9. The na	ame and usual business addresses of the	managing	members or managers are as follows:
Eliez	er Scheiner - 2071 Flatbush Ave, Su	iite 22, Br	ooklyn NY 11234
Tedo	ly Lichtschein - 2071 Flatbush Ave,	Suite 22, I	Brooklyn NY 11234
the jurisdict		tocopy is not	d, duly authenticated by the official having custody of record acceptable. If the certificate is in a foreign language, a
		,	. 12 79 23
	re of business or purposes to be conduct		noted in Florida:
			operty and to engage in all othe tal or ancillary to the foregoin
			
	/s/ Tara	a Rosen	baum
	Signature of a member or a	an authoriz	ed representative of a member.

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 penjury that the facts stated herein are true.)

Tara Rosenbaum

Typed or printed name of signee

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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:				
TL HEALTHCARE HOLDINGS 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:				
INTERSTATE AGENT SERVICES, LLC				
(Name)				
1540 GLENWAY DR.				
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 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)				

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Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "TL HEALTHCARE HOLDINGS 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 FIFTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TL HEALTHCARE HOLDINGS LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

(((H12000179206 3)))

5091538 8300

120809648

AUTHENT CATION: 9690748

DATE: 07-05-12

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