

M13000000807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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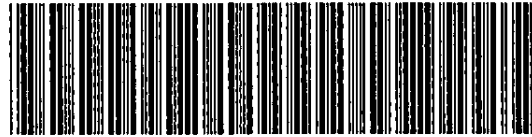
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 FEB -4 PM 3:08
TOLSON
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

FEB -7 2013
G. McLEOD



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ATTORNEYS AT LAW

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FAX COVER SHEET

DATE: February 6, 2013
TO: Florida Department of State, Division of Corporations
Attention: Ms. Gina McLeod
(Fax) 850.245.6030
FROM: Daniel Bensimon, Esq.
DOROT & BENSIMON PL
(Tel) 561.218.4947
(Fax) 561.235.0986

RECEIVED
13 FEB - 6 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: APPLICATION TO TRANSACT BUSINESS IN FLORIDA OF
HEALTH SPHERE, LLC (DOCUMENT NUMBER: W13000004219)

Dear Ms. McLeod:

Because of the confusion regarding field 6 of Health Sphere, LLC's Application to Transact Business in Florida, please find enclosed the following documentation:

1. Cover Letter;
2. Application to Transact Business in Florida (with field 6 redacted);
3. Certificate of Designation of Registered Agent/Registered Office; and
4. Certified Copies of Certificate of Formation and Certificate of Good Standing issued by Delaware with respect to the converted Delaware Health Sphere, LLC.

Field 6 of the Application was originally completed with a date of "06/21/2011" because that was the date that the original Health Sphere, LLC was formed as a Florida LLC (see Document Number L11000072557). However, the original Florida LLC was converted to a Delaware LLC, which then applied to do business in Florida. Because June 21, 2011, was the date on which the original Florida LLC (not the Delaware LLC) began to do business in Florida, we have redacted field 6 pursuant to your office's instructions.

Please contact me by telephone at (561) 218-4947 if anything else is required to complete Health Sphere's Application to Transact Business in Florida.

Sincerely,

Daniel Bensimon, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

HEALTH SPHERE, LLC

SUBJECT: _____
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:

FRANK R. OCQUE

Name of Person

HEALTH SPHERE, LLC

Firm/Company

5201 BLUE LAGOON DRIVE, 9TH FLOOR

Address

MIAMI, FLORIDA 33126

City/State and Zip Code

focque@health-sphere.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK R. OCQUE

954

302-7035

at (_____) _____

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:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

HEALTH SPHERE, LLC

1. _____
(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. **DELAWARE**

3. _____
(FEI number, if applicable)

4. **12/19/2012**

5. **PERPETUAL**
(Duration: Year limited liability company will cease to exist or "perpetual")

6. **06/21/2011** **L11000072557**
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **5201 BLUE LAGOON DRIVE, 9TH FLOOR**
MIAMI, FLORIDA 33126
(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:

FRANK R. OCQUE (MANAGER)

5201 BLUE LAGOON DRIVE, 9TH FLOOR

MIAMI, FLORIDA 33126

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: **ANY LEGAL PURPOSE**

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.)

FRANK R. OCQUE, MANAGER

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:
HEALTH SPHERE, 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:

FRANK R. OCQUE

(Name)

5201 BLUE LAGOON, 9TH FLOOR

Florida Street Address (P.O. Box NOT ACCEPTABLE)

MIAMI

33126

FL

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)

Delaware

PAGE 1

The First State

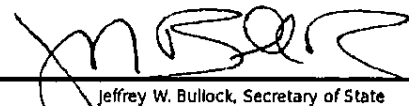
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTH SPHERE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF DECEMBER, A.D. 2012.



5262869 8300

121361289

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0085910

DATE: 12-19-12