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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(DC	ocument Number)			
Certified Copies	_ Certificates o	Certificates of Status		
Special Instructions to Filing Officer:				
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3 MAR 25 PH 4: 2

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K.SALY EXAMINER MAR 26 2013



ACCOUNT NO. : 12000000195 REFERENCE : 582898 4805310 AUTHORIZATION : COST LIMIT : ORDER DATE: March 25, 2013 ORDER TIME : 2:32 PM ORDER NO. : 582898-005 CUSTOMER NO: 4805310 FOREIGN FILINGS NAME: PRITIKIN ICR LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IMITED LIABILITY COMI	YANY TOTRANSACT BUSINESS IN THE ST	
	Pritikin ICR I	
(Name of Foreign;k	.imited Liability Company; must include "l	Limited Liability Company," "L.L.C.," or "LLC.")
f name unavoitable, enter onsent of the managers or ompany." "L.L.C." "LLC	managing members adonting the alternate	transacting business in Florida and attach a copy of the writ name. The alternate name must include "Limited Liability"
Delaware	<b>;</b>	35-2740583 (FEI number, if applicable)
company is organized)	w of which foreign limited liability	(FEI number, if applicable)
02/05/2013	5	Perpetual (Duration: Year limited liability company will cease to
(Date of t	(Arganization)	(Duration: Year limited liability company will cease to exist or "perpetual")
N/A		
	(Dine first transacted husiness in Florida, (See sections 608,501 & 608,502 F.S. to d	if prior to registration.) etermine penalty liability)
	Blvd., Ste. 600, St. Louis.	JA
·		
***************************************	(Street Address of Pr	incipal Office)
14 timberal Katilian a		
ii iiiined nabinty ti	ompany is a manager-managed com	pany, eneck here [15]
The name and usual	business addresses of the managing	g members or managers are as follows:
Pritikin LLC, 7	7701 Forsyth Blvd., Ste. 6	00, St. Louis, MO 63105
<del></del>		
jurisdiction under the law riskution of the certificate i	viof which it is organized. (A photocopy is n nuler oath of the translator must be submitted	
. Nature of business	or purposes to be conducted or pro-	moted in Florida: Health care services -
intensive cardi	ac rehabilitation	
	10000	Via. Prevident
5	ignature of a member or an authori	
		of this document constitutes an affirmation under the
penalties of	perjury that the facts stated herein are true. I ar	n aware that any false information submitted in a degree felony as provided for in s.847.155, F.S.)
wordings (		• •
	David Am	010

#### 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.

The name     Pritikin ICR L	ne of the Limited Liability Company is:	
If unavailabl	ble, the alternate to be used in the state of Florida is:	
2. The name	ne and the Florida street address of the registered agent and office are:	
	Corporation Service Company	
•	(Name)	
	1201 Hays Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee 32301	
	City/State/Zip	
liability comp registered ag statutes relat	n named as registered agent and to accept service of process for the above standard the place designated in this certificate, I hereby accept the appointment and agree to act in this capacity. I further agree to comply with the processing to the proper and complete performance of my duties, and I am familiar obligations of my position as registered agent as provided for in Chapter 608,  Ashley Ist  Corporation Service Company  (Signature)	ent as visions of all with and Florida <b>bert</b>

Filing Fee for Application

Certified Copy (optional)
Certificate of Status (optional)

Designation of Registered Agent

\$ 100.00

\$ 25.00 \$ 30.00

5.00

## Delaware

PAGE

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRITIKIN ICR 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 TWENTY-FIFTH DAY OF MARCH, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRITIKIN ICR LLC" WAS FORMED ON THE FIFTH DAY OF FEBRUARY, A.D. 2013.

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

5284478 8300

130354587

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

DATE: 03-25-13

Jeffrey W. Bullock, Secretary of State

CATION: 0309285