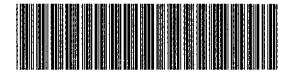
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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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CR2E027 (9/10)

COVER LETTER

	stration Section sion of Corporations		
	IVEDCO, LLC		
SUBJECT:		Name of Limited Liability Compan	y
			n to Transact Business in Florida," Certificate liability company to transact business in Florid
Please return	all correspondence concerning this	natter to the following:	
	Habib Rahman		
~		Name of Person	SSET
	Habib Rahman, Attorney at	.aw, CPA	
		Firm/Company	Alle
	30 Westland Road		¥
		Address	
	Weston, MA 02493		
		City/State and Zip Code	
	hr1726@gmail.com		
	E-mail addres	: (to be used for future annual repo	ort notification)
For further in	formation concerning this matter, p	ease call:	
Hab	oib Rahman	781 e	647-7748
	Name of Person	Area Code & Daytime Tel	ephone Number
Divi: Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	a check for the following am 125.00 Filing Fee \$130.00 Fi Certificate	ing Fee & \$\Bigsim \$155.00 Filing F	Tee & \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608 503 FLORIDA STATLIFES THE FOLLOWING IS SURMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	s, the Policown of B Bobbin Ted To Register A Portably STATE OF FLORIDA:
1 IVEDCO, 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 consent of the managers or managing members adopting the alternate of the managers or managing members adopting the alternate of the managers or managing members adopting the alternate of the managers or managing members adopting the alternate of the managers or managing members adopted for the purpose consent of the managers or managing members adopted for the purpose consent of the managers or managing members adopted for the purpose consent of the managers or managing members adopted for the purpose consent of the managers or managing members adopted for the purpose consent of the managers or managing members adopted for the managers or managers or managers or managers adopted for the managers or managers o	of transacting business in Florida and attach a copy of the written
Company," "L.L.C," "LLC.")	are finite. The afternate finite flust include is nighted Liangity
2. Texas 3.	75-2520240
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. January 14, 1994 5.	perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
7. 4950 Westgrove Drive, Suite 100	• • •
Dallas, TX 75248	
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed co	ompany, check here
9. The name and usual business addresses of the management	ging members or managers are as follows:
Sohail Masood, Manager, 7940 Front Beach Road, PME	B#159, P C Beach, FL 32407
Mona Masood, Manager, 7940 Front Beach Road, PMB	#159, P C Beach, FL 32407
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	· · · · · · · · · · · · · · · · · · ·
11. Nature of business or purposes to be conducted or p	promoted in Florida:
provide home health infusion services and products	<i></i>
Simple	
	norized representative of a member. ion 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
	third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Sohail Masood

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	of the Limited Liability Company is:
IVEDCO, LLC	
lf unavailable,	, the alternate to be used in the state of Florida is:
2. The name a	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 FL 32301 City/State/Zip
	City/Oute/2/p

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.

Corporation Service Company

By: Genette W. Je, Lyle

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



John Steen Secretary of State

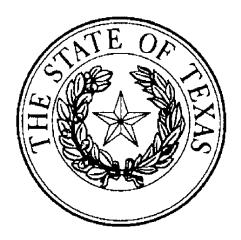
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for IVEDCO, LLC (file number 700539622), a Domestic Limited Liability Company (LLC), was filed in this office on January 14, 1994.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 19, 2013.





John Steen Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 476528040003