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T. HAMPTON

COVER LETTER

TO:

	IRA Mount Dora, Ll	C		
SUBJE	· · · · · · · · · · · · · · · · · · ·	ame of Limited Liability Com	pany	
			ation to Transact Business in Florida," Certificate of ited liability company to transact business in Florida	
Please	return all correspondence concerning this m	natter to the following:		
	Diane E. K	E. Kalinowski Name of Person com, Inc. Firm/Company		
		Name of Person		
	MyLLC.com			
Firm/Company				
	5716 Corsa	Ave., Ste 110		
		Address		
Westlake Village, CA 91362				
		City/State and Zip Code		
	diane.kalinow E-mail address:	/ski@myllc.com (to be used for future annual	report notification)	
For fur	ther information concerning this matter, ple	ease call:		
	Diane Kalinowski	at (888	, 886-9552	
	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 Cl Tallahassee, FL 32301	ircle	
	sed is a check for the following amo \$125.00 Filing Fee \$130.00 Filing F Certificate of St	Fee & 🔲 \$155.00 Filing Fe	e & [7]\$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 STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: IRA Mount Dora, 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 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.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 07/03/2013 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") **Upon Registration** (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 5000 Birch Street, West Tower, Suite 6000, Newport Beach, CA 92660 (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: IRA Medical Partners, LC 5000 Birch Street, West Tower, Suite 6000 Akupout Beach, California 92160 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: Own, operate, and lease real estate Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), V.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.)

Typed or printed name of signee

Amer F. Elkasm

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	y is:			
IRA Mount Dora, LLC				
If unavailable, the alternate to be used in the st	ate of Florid	a is:		
2. The name and the Florida street address of t	the registered	l agent and office are:		
InCorp Services, Inc.				
	(Name)			
17888 67th Court North				
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Loxahatchee	FL	33470		
	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.

Viane & Kalinowski on behalf of Incorp Services, Inc.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) 13 JUL 26 AM 10: 06

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "IRA MOUNT DORA, 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 TWELFTH DAY OF JULY, A.D. 2013.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IRA MOUNT DORA, LLC" WAS FORMED ON THE THIRD DAY OF JULY, A.D. 2013.

5361266 8300

130870999

AUTHENTICATION: 0580183

DATE: 07-12-13

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