

M 14 0000002882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

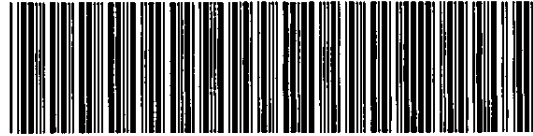
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/23/14--01023--009 **130.00

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2014 APR 23 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES OF
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April 22, 2014

VIA FEDERAL EXPRESS

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Applications for Foreign Corporation and Foreign Limited Liability Companies
for Authorization to Transact Business in Florida

Gentlemen:

Enclosed please find the above referenced forms along with Certificates of Good Standing from the State of Delaware for each of the following entities:

1. SpineFrontier, Inc.
2. Kingsley Investment Company ("KIC"), L.L.C.
3. KICVentures, LLC
4. INVU Holdings, LLC
5. LESSurgeons Institute Holdings, LLC

The Certificates of Good Standing are as issued by the State of Delaware and each contains an "Authentication Code" on the bottom right of the page. Also enclosed are our checks in the amount of \$75 for SpineFrontier, Inc. and \$130 each for the remaining entities representing the costs required to process these applications. And provide our office with a Certificate of Status. We have included a return Federal Express envelope for your convenience in returning the Certificates of Status to our office.

In the event you have any questions or require any further documentation, please do not hesitate to contact our office.

Sincerely yours,


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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. LESSurgeons Institute Holdings, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. Not applicable.

(FEI number, if applicable)

4. Not applicable.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1100 W. Oakland Park Blvd. #3

Ft. Lauderdale, FL 33311

(Street Address of Principal Office)

6. 1100 W. Oakland Park Blvd. #3

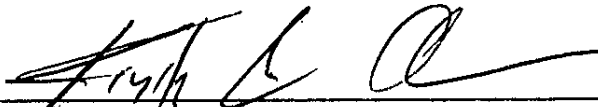
Ft. Lauderdale, FL 33311

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Manager, INVUHoldings, LLC, whose manager is KICVentures, LLC,
whose manager is Kingsley Investment Company, LLC, whose
manager is Kingsley R. Chin, M.D.

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

Kingsley R. Chin, M.D.

Typed or printed name of signee

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

LESSurgeons Institute 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:

Eric M. Sauerberg, Esq.

(Name)

200 Village Square Crossing #102

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

Palm Beach Gardens

FL 33410

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 605, 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LESSURGEONS INSTITUTE 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 TWENTY-FIRST DAY OF APRIL, A.D. 2014.




Jeffrey W. Bullock, Secretary of State

5414075 8300

AUTHENTICATION: 1306784

140496172

DATE: 04-21-14