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Florida Department of State

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AUG 1 9 2014

EXAMINER

8/18/2014

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF ILLORIDA: 1. DR. SMOOD SOUTH MIAMI 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 FOR (Inrigitation under the law of which foreign limited liability (PBI number, if applicable) continuny is organized) Not applicable (Date first transacted business in Norlds, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine possity liability) c/o Dr. Smood Group Inc., 2 South Biscayne Boulevard, Suite 1800, Miami, Florida 33131 (Street Address of Principal Office) c/o Dr. Smood Group Inc., 2 South Biscayne Boulevard, Sulte 1800, Miami, Florida 33131 (Malling Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Dr. Smood Group Inc., Sole Member & Manager, 2 South Biscayne Boulevard, Suite 1800, Miami, Florida, 33131 유턴 Ç 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, P.S., the execution of the document constitutes an affirmation under the ponelties of perjury that the facts stated bersin are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellow as provided for in s.\$17.155, F.S.)

Gabriel Monzon-Cortarelli, Esq., Authorized Person

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (I)(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.

I. The name of the IDR. SMOOI	•	• •		
If unavailable, the alt	ernate to be used in	n the state of Florida is:		
2. The name and the	Florida street addr	ess of the registered agent and office are:	TALL SEC	
C.	T Corporati	ion System	語言	11
		(Name)	1855 187 188	1
12	00 South F	Pine Island Road	E SF A	; :
	Plorida Stree	Address (P.O. Box NOT ACCEPTABLE)	L STA	
Plar	ntation	FL 33324	Sq.	
		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.

Sandra Ortega Assistant Secretary

(Signature)

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

S 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DR. SNOOD SOUTH MIAMI 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 EIGHTEENTH DAY OF AUGUST, A.D. 2014.

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

SECRETARY OF STATE

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141078095

I TIO (COSS

Jeffrey W. Bullock, Socretary of State
AUTHENTICATION: 1625870

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DATE: 08-18-14