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#### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	ECT: Med Fusion, LLC	
		Name of Limited Liability Company
		ted Liability Company for Authorization to Transact Business in Florida," Certificate of ter the above referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning	this matter to the following:
	Patti Pryor	
		Name of Person
	med fusion	
	<u> </u>	Firm/Company
	2501 South State H	ighway 121, Suite 1100
		Address
	Lewisville, TX 7506	7-8188
		City/State and Zip Code
	ppryor@medfusions	
	E-mail ac	ddress: (to be used for future annual report notification)
For fur	ther information concerning this matt	er, please call:
	Patti Pryor	972 966-7000
	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 Circle Tallahassee, FL 32301
Enclos		g amount: 00 Filing Fee & □\$155.00 Filing Fee & ☑\$160.00 Filing Fee, Certificate ficate of Status Certified Copy of Status & Certified Copy

### 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 FLORIDA:

1. Med Fusion, LLC  (Name of Foreign Limited Liability Co				I C 2 on "I I C 2	<del>,,,</del>
(Name of Foreign Limited Liability Co	ompany; must include	e "Limitea Lit	ющу Сотрапу, Д.	L.C., or LLC.	•
(If name unavailable, enter alternate name additionable consent of the managers or managing member Company," "L.L.C," "LLC.")	· · · · ·			• •	
2. Texas	3.	N/A			
(Jurisdiction under the law of which foreign company is organized)	ı limited liability		(FEI number, if app	licable)	
4. N/A					
(Date first transa (See sections 605.	cted business in Flori 0904 & 605.0905, F.	ida, if prior to S. to determin	registration.) e penalty liability)		
5. 2501 South State Highway 121	, Suite 1100				<del></del>
Lewisville, TX 75067-8188					
	(Street Address o	f Principal Of	fice)		
6. 2501 South State Highway 121,	Suite 1100				······································
Lewisville, TX 75067-8188					
	(Mailing	Address)			<del></del>
7. The name, title or capacity and add	dress of the person	n(s) who ha	s/have authority to	o managę is/ai	re:
Patti Pryor, Secretary of med fusio	on				7
				AHAS	N Ji
				Y A See,	
8. Attached is an original certificate of existence in the jurisdiction under the law of which it is o translation of the certificate under oath of the tra	rganized. (A photoco	py is not accep			•
- Aurw	Signature of an	authorized:	nerson		
(In accordance with section 605.	· ·		•	nation under the	
penalties of perjury that the fact document to the Department	s stated herein are true.	. I am aware tl	nat any false informati	on submitted in	
Patti Pryor		<b>3</b> · ·	,	,	, .

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 (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 nam	ne of the Limited Liability Con	mpany is:		
Med Fusio	on, LLC			
If unavailab	ole, the alternate to be used in	the state of Florida is:		·
2. The nam	e and the Florida street addres	ss of the registered agent and office are:		
	CT Corporation Syster	m ·		
		(Name)		
	1200 South Pine Islan	d Road	<b>2</b> 2 -	
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)		السماد بن م
	Plantation	<sub>FL</sub> 33324	NOSS NOSS NOSS NOSS NOSS NOSS NOSS NOSS	Agran courses
liability com registered ag statutes relat	pany at the place designated in gent and agree to act in this ca ting to the proper and complete	City/State/Zip  ad 10 accept service of process for the above in this certificate, I hereby accept the appoin apacity. I further agree to comply with the p be performance of my duties, and I am famili gistered agent as provided for in Chapter 60  Antique	ime <mark>lif</mark> as rovisions of all ar with and	
	\$ 100.00 \$ 25.00			

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

5.00

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



### Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Med Fusion, LLC (file number 801068705), a Domestic Limited Liability Company (LLC), was filed in this office on December 30, 2008.

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

It is further certified that our records indicate C T CORPORATION SYSTEM as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

1999 BRYAN ST., STE. 900

DALLAS, TX - 75201 3136 USA

In testimony whereof, I have hereunto significantly frame officially and caused to be impressed hereoff the Seal of State at my office in Austin, Texas on August 26, 2014.



NANDITA BERRY

Nandita Berry Secretary of State

Fax: (512) 463-5709 TID: 10268 Dial: 7-1-1 for Relay Services Document: 564572960003