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K. SALY EXAMINER MAR 11 2015 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 534887 8038530

AUTHORIZATION :

COST LIMIT : \$/160.00

ORDER DATE: March 10, 2015

ORDER TIME : 11:58 AM

ORDER NO. : 534887-005

CUSTOMER NO: 8038530

\_\_\_\_\_\_

#### FOREIGN FILINGS

NAME: MEDICAL GUARDIAN LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

### **COVER LETTER**

Division of Corporations
SUBJECT: MEDICAL (FRANCE) LLC  Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
SEAD COYDE  Name of Person
Name of Person  MEDICAL GUREDIAN LLC  Firm/Company
1818 MARKET ST - INTH FLOOR Address
PHILADLISHIA PA 19103  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MANC CILBERT at (PVb) 371-7/67  Name of Contact 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
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

## 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. MENICAL (FURLATION) 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
(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. Promy 12 Vania 3. 10 - If (1) 627  (Julisdiction under the law of which foreign limited liability company is organized)  3. 10 - If (1) 627  (FEI number, if applicable)
4.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. IFIF MARKET VT - /ATH FLUOR
PHILADELPHIA PA 18103 (Street Address of Principal Office)
(Street Address of Principal Office)
6. VAME AV ABOLE
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
SEAD COYDE, CODTROLLER, 1933 THOMASH AD, ABILLED, PA 1900
GEORE GAM CEO 120 V. 18TH NT RET HOW BHILADELPHIA, PE
1800
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
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.)
(x, y) = (x, y)

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 name	of the Limited Liability Company is	s:		
$m_{\alpha}$	EGICAL GUARNIA) 1	Le		
If unavailable	e, the alternate to be used in the state	e of Florida is:		
	DIENE GUARANT At FL			
2. The name	and the Florida street address of the	registered agent and of	ffice are:	
	Corporation Service Company		2015	
	(	Name)	THE THE	
	1201 Hays Street		355	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	32301 FL	2015 HAR 10 AM 11: 38	
		City/State/Zip		
liability comp registered ag statutes relati	named as registered agent and to account and the place designated in this content and agree to act in this capacity.  Ing to the proper and complete performs of my position as registered.	ertificate, I hereby accep I further agree to comp rmance of my duties, an	ot the appointment as oly with the provisions of all d I am familiar with and	
	Corporation Service Company  By:  (Signature)		Courtney Williams Asst. Vice President	
	\$ 25.00 De	ling Fee for Applicationsignation of Registered Copy (optional)	d Agent	

\$ 5.00 Certificate of Status (optional)

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

MARCH 10, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### Medical Guardian LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Acting Secretary of the Commonwealth

Redus a. Contés

Certification Number: 12474392-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp