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February 11, 2016

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Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

Re: Application by Foreign LLC for Authorization to Transact Business in Florida for Innovations Health Properties, LLC

To Whom This May Concern,

Enclosed for your review and execution is the Application by Foreign LLC for Authorization to Transact Business in Florida for Innovations Health Properties, LLC, a Certificate of Good Standing from the Delaware Secretary of State, and check # HOI in the amount of \$125.00. Please do not hesitate to contact me at (312) 263-8600 regarding any questions you may have.

Best regards,

DUGGAN BERTSCH, LLC

Estefania Rodriguez-Flaga

ERF/slf Encl.

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN, LIMITED ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Innovations Health Prop	perties, LLC ign Limited Liability Company; mu	et inclu	te "Limited Liability Con	nnany.** "[]		I.C.")	
(Name of Pole	igh Emilied Diabins Company, mu	si iliciae	e inined maoning con	apany, s.	J.C.1. 01 1	c. ,	
.iability Company," "L.l.,C,"	ternate name adopted for the purpos for "LLC.")			da. The alter	mate nume	must inc	lude "Limited
Delaware		3.	81-1145353				
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI n	(FEI number, if applicable)			
Upon Registration							
	(Date first transacted busine (See sections 605,0904 & 605	ess in Fl .0905. I	orida, if prior to registrat .S. to determine penalty	ion.) liability}	_		
303 West Madison					<u>-</u>		
Chicago, Illinois 6	80606][
	(Street Address of	Principa	l Office)	· <u> </u>		2016	• अ व्यक्ति कारम्
j. 303 West Madisor	n, Suite 1000				<u> </u>	69	reserved and
Chicago, Illinois	60606				388	-	-
	(Mailing	Address)		- 1	σ	П
7. Name and street addres	s of Florida registered agent: (P	O. Bo	NOT acceptable)		IF STATE	:21	D
Name:	National Corporate Research.	Ltd., In	<u>c. </u>		AGE ATTE	80	
Office Address:	115 North Calhoun Street, Suit	e 4					
	Tallahassee		Florid	_{la} 32301			
Registered agent's accept	(City)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ja 32301 (Zip o	ode)		
lesignated in this application complywith the provision coept the obligations of a	gistered agent and to accept serion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Regist	tment a proper	is registered agent and and complete perforn	l agree to a	ect in this y duties, c	capacit	y. I further ag.
	(Regist	ered Ag	nt's signature)				
8. The name, title or capa	city and address of the person(s)	who h	as/have authority to ma	nage is/are	:		
Dr. Joseph Mercola, Mana	ger			 _			
303 West Madison, S	Suite 1000						
Chicago, Illinois 60	606						
. Attached is a certificate urisdiction under the law of the translator must be su	Aller	ertificat	duly authenticated by the is in a foreign langual thorized person	the official	having cu lation of t	ustody o he certif	f records in the ficate under oat
'his document is executed ubmitted in a document to	in accordance with section 605.6 the Department of State constitu	1203 (l ites a th) (b), Florida Statutes. ird degree felony as pr	l am aware ovided for	that any f in s.817.1	alse info 55, F.S.	ermation

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INNOVATIONS HEALTH PROPERTIES, 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 TWENTIETH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INNOVATIONS HEALTH PROPERTIES, LLC" WAS FORMED ON THE SIXTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 201698149

Date: 01-20-16