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(Business Entity Name)

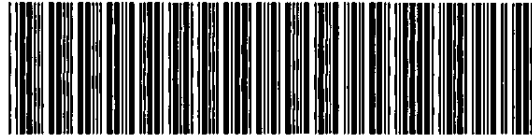
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S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 AUG -2 AM 8: 04

BRAD MILLER, P.C.
70 West Cushing Street
Tucson, Arizona 85701
(520) 547-2447 Phone
(520) 882-2640 Fax

July 29, 2016

Florida Department of State
Registration Section-Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: UpTime, LLC - alternate name in Florida (UpTime Medical Services, LLC)

Ladies and Gentlemen:


Enclosed for filing are the following:

1. Two copies of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for UpTime, LLC - alternate name in Florida (UpTime Medical Services, LLC).
2. Check in the amount of \$125.00, \$100.00 for the filing fee and \$25.00 for the Designation of Registered Agent.
3. Certificate of Good Standing from the State of Nevada for UpTime, LLC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 AUG -2 AM 8:04

Please send me a file-stamped copy in the enclosed, self-addressed, prepaid envelope. Please call me if you have any questions. Thank you.

Sincerely,


Julie Baldwin
Legal Assistant

/jb
Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UpTime, 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:

Julie Baldwin

Name of Person

Brad Miller, P.C.

Firm/Company

70 West Cushing Street

Address

Tucson, AZ 85701

City/State and Zip Code

shopper@nextmed.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Baldwin

at (520)

547-2447

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:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 AUG -2 AM 8:04

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. UpTime, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

UpTime Medical Services, 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. Nevada

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

3. 20-1276595

(FEI number, if applicable)

4. upon registration

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

5. 6339 East Speedway, Suite 201

Tucson, AZ 85710

(Street Address of Principal Office)

6. 6339 East Speedway, Suite 201

Tucson, AZ 85710

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: C T Corporation System

(Registered agent's signature)

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

NextMed Holdings, LLC

6339 East Speedway, Suite 201

Tucson, AZ 85710

9. Attached is a 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. (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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Typed or printed name of signer

* Christopher Gleason, the President of Cristobal Enterprises, Inc., the
Manager of NextMed Holdings, LLC, the Manager of Uptime, LLC

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
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