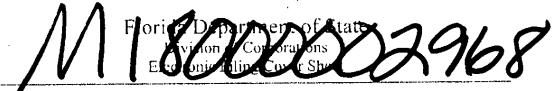
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Division of Corporations



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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## Foreign Limited Liability Company NelMed Holdings, ULC

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIMBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: NelMed Holdings, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If mome marginable, onter alternate mome adopted for the purpose of transacting business in Florida. The electrate name ment include "Limited Liability Company," "L.L.C." or "L.L.C.") 2. DELAWARE (FBI number, if applicable) (furnifiction under the law of which foreign launted hability company is organized) Upon Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0304 & 605.0305, F.S. to determine penalty liability) 13630 NW 8th Street, Suite 215 13630 NW 8th Street, Suite 215 (Street Address of Principal Office) (Alading Address Sunrise, Florida 33325 Sunrise, Florida 33325 7. Name and atreet address of Florida registered agent: (P.O. Box NOT acceptable) C T CORPORATION SYSTEM Name: 1200 South Pine Island Road Office Address: Florida 33324 Plantation (City) 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 thereby 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 performation the Curoning I am familiar with and accept the obligations of my position as registered agent. **Assistant Secretary** (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority jo manage is/are: Name and Address: Name and Address: Till: or Capacity: Title or Capacity: President Nelandes Coles 13630 NW 8th St., Suite 215 Sunrise, Florida 333. (Use attachments if necessary) 9. Attached is a cortificate 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) 10. 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. Nelandes Coles

Typed or printed name of signed



Page 1

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

DELAWARE, DO HEREBY CERTIFY "NELMED HOLDINGS, 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 TWENTY-THIRD DAY OF MARCH, A.D. 2018.

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

6810077 8300 SR# 20182161560

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202384286

Date: 03-23-18