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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

Email	Address:	 				

Foreign Limited Liability Company HEALTH PRIME INTERNATIONAL, LLC

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	Registration Section Division of Corporations									
SUBJEC	HEALTH PRIME INTERNATIONAL, LLC									
	T: Name of Limited Liability Company									
The encl	osed "Application by Foreign Limited Liability Company for Authorizati <u>catio Transact Business in Florids," Certificate of</u> 1. and check are submitted to register the above referenced foreign limited liability company to transact business in Florids.									
Please re	turn all correspondence concerning this matter to the following:									
	Vinod K. Shah, MD									
•	Name of Person									
	Health Prime International, LLC									
	Firm/Company .									
	174 Waterfront St, Ste 330									
	Address									
	National Harbor, Maryland 20745									
	City/State and Zip Code									
	vinnyshah@hotmail.com									

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

For further information concerning this matter, please call:

Aileen Collender

Name of Contact Person

Area Code

Daytime Telephone Number

STREET ADDRESS:

Division of Corporations

Registration Section

Division of Corporations

Registration Section

Division of Corporations

Registration Section

P.O. Box 6327

Tallahassec, FL 32314

Circle Tallahassec, FL 32301

Circle Tallahassec, FL 32301

Enclosed is a check for the following amount:

| S125.00 Filing Fee | S130.00 Filing Fee & | S155.00 Filing Fee & | S160.00 Filing Fee, Certificate of Status | Certified Copy | Of Status & Certified Copy |

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385-3654

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

IN COMPLIANCE WITH SECTION 618,0902, PLORIDA STATUTES, THE POLICY ING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L. HEALTH PRIME INTERNATIONAL, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC." off name manufable, entry abermaie name subspaced for the programs of transacting humans in Florida. The abermais name runas include "Lunned Lubrity Company," "L.L.C." on "LLC.") Maryland (Jurisdiction under the law of which for March 29, 2018 174 Waterfront St, Ste 330 174 Waterfront St, Ste 330 (Street Address of Principal Office) Mading Adiress National Harbor, Maryland 20745 National Harbor, Maryland 20745 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 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 pravisions 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. Judith Argao C T Corporation System Vice President ERCENICIDA BUCCIÓN MECATICA and Assistant Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Vinod K. Shah, MD 174 Waterfront St, Ste 330 Member National Harbor, Maryland (Use attachments if necessary) 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) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, 1 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. Vinod K. Shah, MD

Typed or proted same of signer

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES. OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HEALTH PRIME INTERNATIONAL, LLC (W07841901), REGISTERED MARCH 12, 2004, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BAUTIMORE ON THIS MARCH 29, 2018.

Michael L. Higgs

Director



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SECRETARY OF STATE ORIO

301 West Preston Street, Baltimore, Maryland 21201
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