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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,
Account Number : 076424003301
Phone : (813)223-7474
Fax Number : (813)227-0435

P.A.

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

Email Address: Rob@funding4doctors.com

Foreign Limited Liability Company
Funding4Doctors LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 17 2018

FUNDING4DOCTORS LLC
8147 COPERNICUS WAY, SUITE 103
TRINITY, FLORIDA 34655

August 15, 2018

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Funding4Doctors LLC

Dear Sir or Madam:

Funding4Doctors LLC, which was a Florida limited liability company, registered under Document Number L16000060823, was recently converted to Funding4Doctors LLC, a Delaware limited liability company (the "Company") by filing Articles of Conversion in Florida and by filing a Certificate of Conversion and the associated filing of the Certificate of Formation in Delaware. The Company wishes to file an Authorization to Transact Business in Florida. We hereby grant permission for the use of the name Funding4Doctors LLC by the Company.

Please contact the undersigned if you should require additional information.

Sincerely,

Funding4Doctors LLC

By:


Robert D. Marchant, CEO

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. Funding4Doctors 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 Liability Company," "L.L.C.," or "LLC.")

2. DE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 81-2040992 (FEI number, if applicable)

4. August 14, 2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

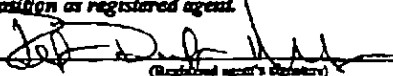
5. 8147 Copernicus Way (Home Address of Principal Office)
Suite 103
Trinity, FL 34655
6. 8147 Copernicus Way (Mailing Address)
Suite 103
Trinity, FL 34655

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

Name: Robert D. Marchant
Office Address: 8147 Copernicus Way, Suite 103
Trinity, Florida 34655
(City) (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.


(Registered agent's signature)

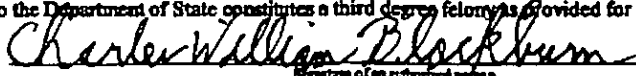
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| <u>Title or Capacity</u> | <u>Name and Address</u> | <u>Title or Capacity</u> | <u>Name and Address</u> |
|--------------------------|---|--------------------------|-------------------------|
| <u>Manager</u> | <u>Robert D. Marchant</u> <u>8147 Copernicus Way, Ste 103</u> <u>Trinity, FL 34655</u> | | |
| <u>Manager</u> | <u>Charles William Blackburn</u> <u>8147 Copernicus Way, Ste 103</u> <u>Trinity, FL 34655</u> | | |

(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. 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.


Signature of an authorized person

Charles William Blackburn
Typed or printed name of signer

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FUNDING4DOCTORS 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 FIFTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FUNDING4DOCTORS LLC" WAS FORMED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2018.

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



A handwritten signature in black ink, appearing to read "JBullock", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

7015665 8300

SR# 20186178565

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

Authentication: 203249787

Date: 08-15-18