From From From From From From From From From From City/State/	Elsian Guicepts, Inc mple Pato, Site 201 0 Bch, (-(. 33064) Zip Phone #	3000021102238 -03/11/3701112001 *****148.75 *****148.75 Office Use Only	
CORPORATION	NAME(S) & DOCUMENT NU	MBER(S), (if known):	
		Document #)	
2(Corp 3		Document #)	
4		Document #)	
U walk in	Pick up time		
Mail out	Will wait Photocopy	Certificate of Status	
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/Director		
Limited Liability	Change of Registered Agent MQ7-/23		
Domestication	Dissolution/Withdrawal	Dissolution/Withdrawal	
Other	Merger	Availability R 3-D	
		Document Examinar	
OTHER FILINGS	REGISTRATION/ QUALIFICATION	Updater	
Annual Report	Foreign	l'pdater A	
Fictitious Name	Limited Partnership	Verifyer	
Name Reservation	Reinstatement	Acknowledgenient	
	Trademark	W. P. Verityer (C	
	Other		

Examiner's Initials

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 JUSTUS VIAtICAL	GROUP, LI	SC.	
(Name of foreign limited liability company "L.C." if not so contained in the name at pr		ords "limited company" or their abbr	eviation
2. DELA WARE (Jurisdiction under the law of which foreign		5-0712540 (FEI number, if applicable)	
company is organized)			
4. UCHOBER 31, 1996 (Date of Organization)	5. <u>(</u> (Dui cease	2ct.21,2026 (ation: Year limited liability compar to exist or "perpetual")	<u>see</u> (entificate of will Fermaticn)
6. 2-21-97-			
- 1 11	· · · ·	ctions 608.501, 608.502, and 817.155	5, F.S.)
7. 440 EAST SAMPLE IN	AD, Juite	201	
DOMPAND BEACH, F	1. 33064)
	(Street address of)	principal office)	
 List name, title, and business address will manage the foreign limited liabi 	of each managing	member[MGRM] or manager[MGR]who
 List name, title, and business address will manage the foreign limited liabi NAME & ADDRESS: 	of each managing	member[MGRM] or manager[MGR]who if necessary) TITLE:
will manage the foreign limited liabi	of each managing lity company in F	member[MGRM] or manager[lorida: (attach additional page i	if necessary)
will manage the foreign limited liabi NAME & ADDRESS: <u>Scott F. Stephan</u>	of each managing lity company in F TITLE:	member[MGRM] or manager[lorida: (attach additional page i	if necessary)
will manage the foreign limited liabi NAME & ADDRESS: <u>Scott</u> F. StepHAN	of each managing lity company in F TITLE: <u>MGR</u> M	member[MGRM] or manager[lorida: (attach additional page i	if necessary)
will manage the foreign limited liabi NAME & ADDRESS: <u>Scott</u> F. Stephan <u>440 EAST Sample</u>	of each managing lity company in F TITLE: <u>MGR</u> M	member[MGRM] or manager[lorida: (attach additional page i	if necessary)
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will manage the foreign limited liabi NAME & ADDRESS: <u>Scott</u> F. Stephan <u>440 EAST Sample</u>	of each managing lity company in F TITLE: <u>MGR</u> M	member[MGRM] or manager[lorida: (attach additional page i	if necessary)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member	or authorized represent	ntative of a member ofUSTUS
VIAtiCAL GROU.		deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is

3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.

4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.

5) the total amount of cash or property anticipated to be contributed by member(s) is

Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

s<u># 4,000.°</u>°

s_<u>10,000,</u>°°

\$ 10,000, °°

· .)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the limited liability company is:

JUSTUS VIATICA | GROUP, L.L.C SWIT F. STEPHAN, RFP (Name) <u>440 EAST SAMPLE ROAD, SUITE 201</u> (P.O. BOX OF MAIL Drop BOX NOT ACCEPTABLE) 2. The name and address of the registered agent and office is: PomPANO BEACH, FC. 33064

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

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Filing Fee: \$ 35 for Designation of Registered Agent

State of Delaware Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JUSTUS VIATICAL GROUP, 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 TWELFTH DAY OF DECEMBER, A.D. 1996.



C durth

Edward J. Freel, Secretary of State

AUTHENTICATION: **8235512** DATE: **12-12-96**

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P. 2

CERTIFICATE OF FORMATION

of

Justus Viatical Group, LLC

The name of the limited liability company is 1. Justus Viatical Group, LLC.

The address of its registered office in the State of 2. Delaware is 1313 N. Market Street, City of Wilmington, County of New Castle. The name of its registered agent at such address is The Company Corporation.

The latest date on which the limited liability company 3. is to dissolve is October 21, 2026

In witness whereof, to the best of my knowledge and belief the facts stated therin are true, the undersigned have executed this Certificate of Formation of the above named entity on this 31st day of October , 1996 ..

Authonzed Pers

Printed Name of Authorized

STATE OF DELANARE SECRETARY OF STATE DIVISION OF CORPORATIONS FILED 09:00 AN 10/31/1996 960318009 - 2679277

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