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CT Corporation System
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Address
Tallahassee, FL 32301 222-1092
City State Zip Phone

200002420222--6
-02/03/98--01079--008
****285.00 ****285.00

CORPORATION(S) NAME

Mueller-Pierre PT, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> UCC Filing |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS | |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> Pick Up |
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Doyle

CF-285

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VISCORP CORPORATION

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. Mueller-Pierre PT LLC
(Name of foreign limited liability company must end with the words "limited company"
or their abbreviation "L.C." if not so contained in the name at present.)
2. Delaware
(Jurisdiction under the law of which foreign
limited liability company is organized)
3. Applied for
(FEI number, if applicable)
4. January 15, 1998
(Date of Organization)
5. December 31, 2099
(Duration: Year limited liability company
will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida.)
7. c/o Mueller Institute-Dr. Shawn Mueller,
1868 South Tamiami Trail, Suite 4
Venice, Florida 33401
(Street address of principal office)

8. List and indicate in title space provided the name, title, and business address of each managing
member [MGRM] or manager [MGR]. It is not necessary to list members.

NAME & ADDRESS:

TITLE:

Dr. Shawn Mueller-President

Manager

c/o Mueller Institute

1868 South Tamiami Trail, Suite 4

Venice, Florida 33401

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Nadine Pierre, PT

Manager

3045 Irving Street

Sarasota, Florida 34237

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Mueller-Pierre PT LLC
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 \$100.00.
3. If any, the agreed value of property other than cash contributed by member(s) is \$0.00. A description of the property is attached and made a part hereto.
4. The total amount of cash or property anticipated to be contributed by member(s) is \$100.00. This total includes amounts from 2 and 3 above.

Nadine Pierre

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.)

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**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:

Mueller-Pierre PT, LLC

2. The name and address of the registered agent and office is:

CT Corporation System
(Name)

1200 S. Pine Island Rd.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Plantation, FL 33324
(City/State/Zip)

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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.

Connie Bryan
Connie Bryan (Signature)
Asst Special Sec'y.

2-3-98
(Date)

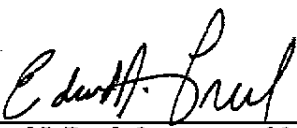
Filing Fee: \$ 35 for Designation of Registered Agent

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MUELLER-PIERRE PT 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 SECOND DAY OF FEBRUARY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.




Edward J. Freel, Secretary of State

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AUTHENTICATION: 8897752

DATE: 02-02-98