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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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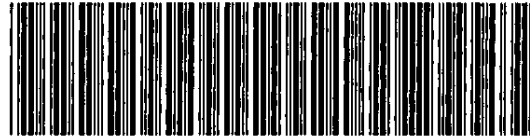
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE

DEC 11 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DD MEDICAL INTERNATIONAL LLC  
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDMAR AMAYA  
(Name of Person)

EDAM LAW PLLC  
(Firm/Company)

175 SW 7TH ST SUITE 2416  
(Address)

MIAMI FL 33130  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

EDMAR AMAYA at ( 305 ) 643 - 0740  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$35.00 Filing Fee

\$43.75 Filing Fee & Certified Copy

**DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR  
ALIEN BUSINESS ORGANIZATION**

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. DD MEDICAL INTERNATIONAL LLC  
(Name of alien business organization)
2. DELAWARE, USA (State or country under which entity is organized)
3. \_\_\_\_\_ (FEI Number, if applicable)
4. 18192 COASTAL HIGHWAY, LEWES, DELAWARE 19958  
(Principal office address)

5. Name and Florida Street address of registered agent.

EDAM LAW PLLC  
175 SW 7TH ST SUITE 2416  
MIAMI, FL 33130

6. The street address of the registered office and the street address of the business office of the registered agent are identical.

7. [Signature]  
(Signature of chairman, vice chairman, or officer)

8. DARIO FERNANDO MEJIA ESTRADA  
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.*

[Signature]  
(Registered agent accepting appointment)

12/06/12  
(Date)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314