



03024828

**APPLICATION FOR REGISTRATION
OF A FOREIGN LIMITED LIABILITY COMPANY**
Pursuant to A.R.S. §29-802 et seq.

1. The company name must contain an ending which may be "limited liability company," "limited company," or the abbreviations "LLC," "L.C.," "LLC" or "LC". If you are the holder or assignee of a trademark, attach a copy of the trademark certificate. If your name is not available for use in Arizona, you must adopt a fictitious name and provide a resolution adopting the name, which must be signed by a manager, member or authorized agent.

2. Provide the name of the state or jurisdiction under whose laws your company was formed.

3. Provide the date on which your company organized in the state or jurisdiction under whose laws it was formed.

4. Provide the general character of business you plan to transact in Arizona.

5. The statutory agent must provide a street address. If statutory agent has a P.O. Box, then they must also provide a street address/location.

The agent must consent to the appointment by executing the consent.

1. The name of the foreign limited liability company is:

TRI-STATE MEDICAL SPECIALISTS, LLC

1. a. If the exact name of the foreign limited liability company is not available for use in this state, then the fictitious name adopted for use by the limited liability company in Arizona is:

NK (FN)

2. The company is organized under the laws of: NEVADA (State)

3. The date of the company's formation is: 8/11/2009

4. The purpose of the company or the general character of business it proposes to transact in Arizona is:

ANY LEGAL PURPOSE (MEDICAL OFFICE)

5. The name and street address of the statutory agent for the foreign limited liability company in Arizona is:

BENJAMIN H. VENGER, MD

5263 Highway 95

FT. Mojave, AZ 86426

ACCEPTANCE OF APPOINTMENT BY STATUTORY AGENT

I, Benjamin H. Venger, having been designated to act as
(Print Name)

statutory agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes.

[Signature]

Signature

Tri-State Medical Specialists, LLC

If signing on behalf of a company, print company name here

AZ CORPORATION COMMISSION
FILED

LC-0005
REV. 10/2009

DEC 24 2009

FILE NO. R-15728876

AZ CORPORATION COMMISSION
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FEB 04 2010

Arizona Corporation Commission
Corporations Division

FILE NO. R-15728876

6. Check which management structure will be applicable to your company. Provide name, title and address for each person

7. If the jurisdiction under the law of which your company is formed, you must provide the address of the principle office of the company, in whatever state or jurisdiction it is located.

The application must be signed by a member, manager or duly authorized agent.

Attach a certificate of existence or document of similar import duly authenticated (within sixty (60) days) by the official having custody of corporate records in the state, province or county under whose laws the corporation is incorporated

Your phone and fax numbers are optional.

6. Management Structure (select option A or B):

☒ **A** Management of the limited liability company is vested in a manager or managers. The names and addresses of each person who is a manager **AND** each member who owns a twenty percent or greater interest in the capital or profits of the limited liability company are:

Name: Benjamin H. Venger, M.D.

☒ member ☒ manager

Name: _____
☐ member ☐ manager

Address: 3140 E. VIKING RD

Address: _____

City, State, Zip: LAS VEGAS, NV 89121

City, State, Zip: _____

Name: _____
☐ member ☐ manager

Name: _____
☐ member ☐ manager

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

☐ **B** Management of the limited liability company is reserved to the members.
The names and addresses of each person who is a member are:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

7. The address of the office required to be maintained in the jurisdiction under the laws of which the company is organized, if required; or, if not required, the address of the principal office of the company is:

3140 E. VIKING RD

LAS VEGAS, NV 89121

Executed this _____ day of _____

[Signature]
Signature

BENJAMIN H. VENGER
Print Name (Check One) ☐ Member ☒ Manager ☐ Authorized Agent

PHONE: (702) 806-2446

FAX: (702) 734-9706

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TRI-STATE MEDICAL SPECIALISTS, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 11, 2009, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 13, 2010.



ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20100113-1563
You may verify this electronic certificate
online at <http://www.nvsos.gov/>