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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

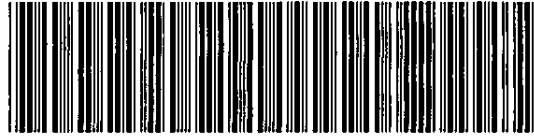
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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M. THOMAS

OCT 2 2009

EXAMINER



QUALITY FOR LIFE

September 23, 2009

Secretary of State

RE: Otto Bock Orthopedic Services LLC
Application for Certificate of Authority

To Whom It May Concern:

Enclosed please find the following:

1. Application for a Certificate of Authority for foreign limited liability company, Otto Bock Orthopedic Services LLC;
2. Certificate of Good Standing for the referenced entity, issued September 14, 2009 from the MN Secretary of State;
3. Check conforming to the requirements of your state for given application, including additional fees to expedite same, if available.

Otto Bock Orthopedic Services LLC is a limited liability company organized in the state of Minnesota on June 30, 2009. It is Member-Managed by sole Member Otto Bock HealthCare North America, Inc., a Minnesota corporation. Secretary to Member, Stephen A. Carr, who also serves as Secretary to the Otto Bock Orthopedic Services LLC of application, has executed these documents with full legal authority. Otto Bock Orthopedic Services has not transacted business in this state prior to application.

Should you have any questions with respect to this submission, please contact me immediately so that we can resolve the matter expeditiously.

Sincerely,

Stephanie J. Fields
Legal Assistant
Otto Bock HealthCare
Two Carlson Parkway N, Suite 100
Plymouth, MN 55447
Phone: (763) 253-5618
Fax: (763) 253-5718
stephanie.fields@ottobock.com

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TALLAHASSEE, FLORIDA

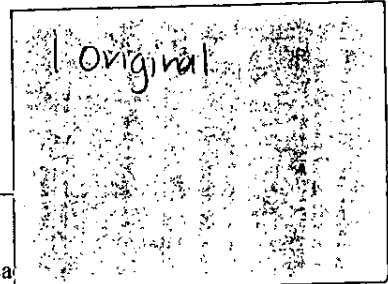
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Encl.



COVER LETTER

TO: Registration Section
Division of Corporations



SUBJECT: Otto Bock Orthopedic Services LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business, Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Stephen A. Carr
Name of Person

Otto Bock HealthCare
Firm/Company

Two Carlson Parkway N, Suite 100
Address

Plymouth, MN 55447
City/State and Zip Code

stephen.carr@ottobock.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Stephanie Fields at (763) 253-5618
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Otto Bock Orthopedic Services 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Minnesota 3. 32-0288792
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 6/30/09 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. Two Carlson Parkway N, Suite 100
Plymouth, MN 55447
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows
Otto Bock HealthCare North America, Inc. (Member)
Two Carlson Parkway N, Suite 100
Plymouth, MN 55447

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TALLAHASSEE, FLORIDA

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: HME & DME Supplier

[Signature]
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stephen A. Carr, Secretary of Member Otto Bock Healthcare North America, Inc.
Typed or printed name of signee

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Otto Bock Orthopedic Services LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

NATIONAL CORPORATE RESEARCH, LTD., INC.

(Name)

515 East Park Avenue

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

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SECRETARY OF STATE

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 as provided for in Chapter 608, Florida Statutes.

NAT'L CORP RESEARCH, LTD., INC.

By: _____

Rose L. Red
(Signature)

| | |
|-----------|----------------------------------|
| \$ 100.00 | Filing Fee for Application |
| \$ 25.00 | Designation of Registered Agent |
| \$ 30.00 | Certified Copy (optional) |
| \$ 5.00 | Certificate of Status (optional) |

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

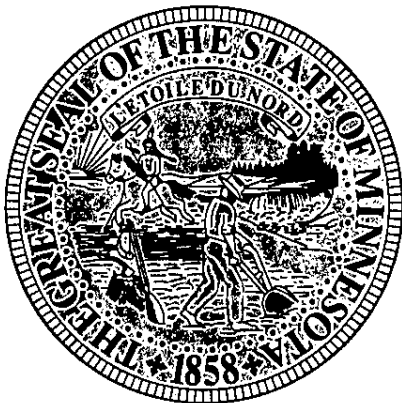
I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

Name: Otto Bock Orthopedic Services LLC

Date Formed or Registered: June 30, 2009

State of Organization: Minnesota

This certificate has been issued on September 14, 2009.



Mark Ritchie
Secretary of State.