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Florida Department of State
Division of Corporations
Enterprise Center Tower 6th Floor

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**Foreign Limited Liability Company
PRAXIS MED INTERNATIONAL LLC**

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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JAN 05 2017

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PRAXIS MED INTERNATIONAL LLC
(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. INDIANA (Jurisdiction under the law of which foreign limited liability company is organized)
3. N/A (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 13600 SHORELINE DRIVE, SUITE 200, EARTH CITY, MO 63045
(Street Address of Principal Office)

6. 3030 N. ROCKY POINT DRIVE, SUITE 150A, TAMPA, FL 33607
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: REGISTERED AGENTS INC
Office Address: 3030 N. ROCKY POINT DRIVE, SUITE 150A
TAMPA, Florida 33607
(City) (Zip code)

Registered agent's acceptance:

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

Bill Havre
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
ANTHONY ROBERTSON, MEMBER
484 E. CARMEL DRIVE, SUITE 305, CARMEL, IN 46032

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Bill Havre
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

BILL HAVRE
Typed or printed name of signer

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DIVISION OF REVENUE

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

PRAXIS MED INTERNATIONAL LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 22, 2007, and was in existence or authorized to transact business in the State of Indiana on January 04, 2017.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 04, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

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Verify this certificate:<https://bsd.sos.in.gov/ValidateCertificate>