## FIWWISHO

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	<b>∌#)</b>			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
Certified Copies					
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SECRETARY OF STATE DIVISION OF CORPORATIONS

PS 11/14/4

## **COVER LETTER**

TO: New Filing Section Division of Corporations					
SUBJECT: DB Orthopedics, Inc.					
Name of corporation - must include suffix					
Dear Sir or Madam:					
	on for Authorization to Transact Business in Florida," od Standing" and check are submitted to register the business in Florida.				
Please return all correspondence concerning this	matter to the following:				
Dan Butler					
Na	me of Person				
DB Orthopedics, Inc.					
	n/Company				
117 Old Ponte Vedra Drive					
Ponte Vedra Beach, FL 32082	Address				
City/S	State and Zip code				
butlerdan@comcast.net					
E-mail address: (to be	used for future annual report notification)				
For further information concerning this matter, pl	lease call:				
Dan Butler at (217 ) 341-8022					
Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status					

Ç.

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. <u>DB O</u>				" "COMPANY " "COPPOR ATTOM "		
		orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED.	" "COMPANY," "CORPORATION,"		
(If name	e unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Flori	ida)	
2. Illinois			3.	26-0658543		
	-	under the law of which it is incorporated)		(FEI number, if applicable)		
4. July 2		<u> </u>	5.	Perpetual		
	•	of incorporation)		(Duration: Year corp. will cease to exist or "perpetua	.1")	
6. <u>7/1/1</u>	1	(Date first transacted busine	cc i	n Florida, if prior to registration)		
				502, F.S., to determine penalty liability)		
<sub>7.</sub> 117 C	old Po	nte Vedra Drive, Ponte Ved	ra	Beach, FL 32082		
		(Principal office	add	ress)		
117 C	Old Po	onte Vedra Drive, Ponte V				·_
		(Current mailing	add	ress)	<u> </u>	ays Se
8. Sales	3				11 NOV 10	SIGNE
		) of corporation authorized in home state o	r cc	untry to be carried out in state of Florida)		祭
9. Name a	ınd stree	et address of Florida registered agent: (	P.C		PM 1: 22	SECRETARY OF CORPORATIONS
					- HE	OKA
N	ame:	Daniel Butler		<del></del>	. 22	101
Office Add	dress:	117 Old Ponte Vedra Drive		<u> </u>	, •	$i_f$
		Ponte Vedra Beach		, Florida 32082 (Zip code)		
		(City)		(Zip code)		
10. Regist	tered ag	gent's acceptance:				
				ce of process for the above stated corporation at the		
further ag	ree to co	omply with the provisions of all statute	sre	ent of registered agent and agree to act in this ca clative to the proper and complete performance of	ipacity. I my di	. i uties,
and I am f	amiliar (	with and accept the offigations of my	P	sirion as registered agent.		
		Want	7			
		(Registered agent's signatu	re)			

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdictio

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Daniel E. Butler	0
Address: 117 Old Ponte Vedra Drive	NOV SECRE
Ponte Vedra Beach, FL 32082	C) = -
Vice President:	0 cox
Address:	TH CRA
	0 PH 1: 22
Secretary: Daniel E. Butler	
Address: 117 Old Ponte Vedra Drive, Ponte Vedra Beach, FL 3	2082
Treasurer:	
Address:  NOTE: If necessary, you may attach an adden lump the application listing a	additional officers and/or directors.
13	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 are true and that he or she is aware that false information submitted in a document degree felony as provided for in s.817.155, F.S.	
14. Daniel Butler	
(Typed or printed name and capacity of person signif	g application)

File Number

6568-969-3



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

DB ORTHOPEDICS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 25, 2007, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING ASA DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1131201130

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH

day of NOVEMBER

AD

2011

Desse White

SECRETARY OF STATE