

FA 000000296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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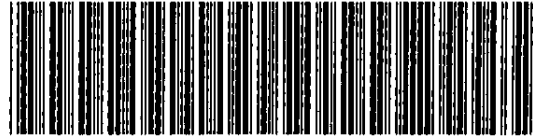
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Level Four Orthotics & Prosthetics, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Richard Gingras, President

Name of Person

Level Four Orthotics & Prosthetics, Inc.

Firm/Company

PO Box 24905

Address

Winston Salem, NC 27114-4905

City/State and Zip code

rgingras@level4oandp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Gingras at (336) 765-2425

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 ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Level Four Orthotics & Prosthetics, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina

(State or country under the law of which it is incorporated)

3. 0676039

(FEI number, if applicable)

4. May 20, 2003

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 2014

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2534 Empire Drive, Winston Salem, NC 27103-6710

(Principal office address)

PO Box 24905, Winston Salem, NC 27114-4905

(Current mailing address)

8. Medical prosthetics business

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Paracorp Incorporated

Office Address:

236 East 6th Avenue

Tallahassee

(City)

, Florida 32303

(Zip code)

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10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Please see attached.

(Registered agent's signature)

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

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM


DATE: 10/14/2013

ENTITY NAME: LEVEL FOUR ORTHOTICS & PROSTHETICS, INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Ninh Ho, Assistant Secretary
Paracorp Incorporated

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Richard R. Gingras

Address: 256 Bermuda Run Drive
Advance, NC 27006

Vice Chairman: _____

Address: _____

Director: Jimmy C. Butts

Address: 4501 Bentley Drive, Apt. 724
Columbia, SC 29210

Director: _____

Address: _____

B. OFFICERS

President: Richard R. Gingras

Address: 256 Bermuda Run Drive
Advance, NC 27006

Vice President: Jimmy C. Butts

Address: 4501 Bentley Drive, Apt. 724
Columbia, SC 29210

Secretary: Glenn B. Lyda

Address: 9484 Riviera Drive, Sherrills Ford, NC

Treasurer: Richard R. Gingras

Address: 256 Bermuda Run Drive, Advance, NC 27006

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Richard R. Gingras, Pres.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Richard R. Gingras, President and Director

(Typed or printed name and capacity of person signing application)



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

LEVEL FOUR ORTHOTICS & PROSTHETICS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 20th day of May, 2003, with its period of duration being .

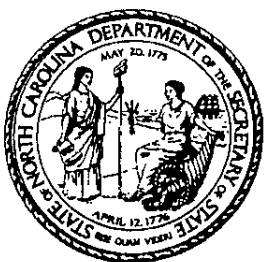
I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has not been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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TALLAHASSEE FLORIDA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 30th day of December, 2013.

Elaine F. Marshall

Secretary of State



Scan to verify online.