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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						
Special Instructions to Filing Officer: per michelle the name is acceptable since it has an acceptable conjunate since it has an acceptable conjunate suffix contained within the name.						

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corpora					
SUBJ	ECT: Hughston Orth	opaedic Southeast, P.C., In	c.			
		Name of corporati		t include suffix		
Dear S	ir or Madam:					
"Certi	ficate of Existence," of	and one copy by Foreign Corporation for "Certificate of Good S rporation to transact bus	tanding"	and check are sub	ct Business in Florida," omitted to register the	
envel	return all correspond ope provided: Beil, Attorney-at-Law	ence concerning this mat	ter to the	following; in t	he Federal Express	
	, · · · · · · · · · · · · · · · · ·	Name	of Person	1		
The Be	il Law Firm, P.C.					
	· · · · · · · · · · · · · · · · · · ·	Firm/C	ompany			
P.O. Bo	ox 1126					
		Ad	dress			
Columi	ous, GA 31902					
		City/State	and Zip	code		
beillaw	@bellsouth.net					
	E	-mail address: (to be use	d for fut	ure annual report	notification)	
For fur	ther information con-	cerning this matter, pleas	e call:			
Jacob Beil at (706) 5) 596-9912		
	Name of Person	Area C	ode	Daytime Telep	hone Number	
Engloye	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 32	tions ter Circle 301		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
	ed is a check for the f	\$78.75 Filing Fee & Certificate of Status		75 Filing Fec & ified 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.	Hughston Orthopaedic Southeast, P.C., Inc.							
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc," "Co," or "Corp.")							
	(If name unavails	ble in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting	g business in Florida)			
2,	Georgia		3.	Applied For				
	(State or country under the law of which it is incorporated)			(FEI number, if applicable)				
4.	December 8, 201	15	5.	Perpetual				
••	(Date of incorporation)			(Date of duration, if other than perpetual)				
6	Upon Qualificat	ion						
٥.		(Date first transacted busin		n Florida, if prior to registration)				
		(SEE SECTIONS 607.1501 & 6	07.1	502, F.S., to determine penalty liabili	ity)			
7.	6262 Veterans Pa	rkway, Columbus, GA 31909						
		(P	rinçi	pal office address)				
	P.O. Box 9517. C	Columbus, GA 31908			20			
•		(Current i	naili	ng address, if different)	6			
8.	Name and stree	t address of Florida registered agent:	(P.	O. Box NOT acceptable)	SSELL SELL			
	Name:	CT Corporation System						
	rame.							
0	ffice Address:	1200 South Pine Island Road			107A			
		Plantation		, Florida 33324	\$ 7			
		(City)		(Zip code)				

9. 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.

Jenifer Vincent
Vice President & Assistant Secretary

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Mark A. Baker Address: 6262 Veterans Parkway, Columbus, GA 31909 Vice Chairman: Address: Director: Mark A. Baker Address: 6262 Veterans Parkway, Columbus, GA 31909 Director: __ Address: _____ **B. OFFICERS** President: Mark A. Baker Address: 6262 Veterans Parkway, Columbus, GA 31909 Vice President: n/a Address: ___ Secretary: Mark A. Baker Address: 6262 Veterans Parkway, Columbus, GA 31909 Treasurer: Mark A. Baker Address: 6262 Veterans Parkway, Columbus, GA 31909, NOTE: If necessary, you may attach an addendud to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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.

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

13. Mark A. Baker, President

Control Number: 15113553

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Hughston Orthopaedic Southeast, P.C.

a Domestic Professional Corporation

was formed in the jurisdiction stated below or was authorized, to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence of is authorized to transact business in this state.

Docket Number Date Inc/Auth/Filed Jurisdiction Print Date

Print Date : 1/5/2016 Form Number : 211



Brian P. Kemp Secretary of State

Georgia