

F19000003768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

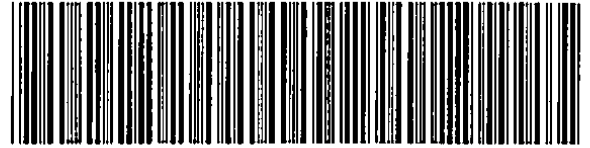
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600332669786

08/06/19--01028--006 **87.50

FILED
2019 AUG -6 PM 4:55
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

B KINSEY
AUG 15 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUMMIT ORTHOPEDIC TECHNOLOGIES, 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:

MICHAEL E. JARVIS, ESQ.

Name of Person

DECHELLO LAW FIRM LLC

Firm/Company

110 WASHINGTON AVENUE

Address

NORTH HAVEN, CT 06473

City/State and Zip code

mej@dechellolaw.com

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

For further information concerning this matter, please call:

MICHAEL JARVIS

at (203) 234-2225

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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.*

SUMMIT ORTHOPEDIC TECHNOLOGIES, INC.

1. _____
(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)

CONNECTICUT

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

JUNE 17, 2014

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

N/A

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

2975 Horseshoe Drive South, Suite 100, Naples, FL 34104

7. _____
(Principal office address)

294 Quarry Road, Milford, CT 06460

(Current mailing address, if different)

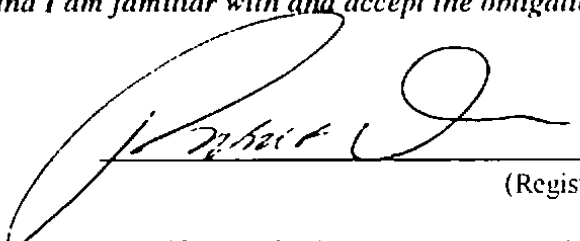
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: RONALD DUNN

Office Address: 14743 NAUTILUS PLACE
NAPLES, Florida 34114
(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, 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.


(Registered agent's signature)

10. 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 jurisdiction under the law of which it is incorporated.

FILED
2019 AUG -6 PM 4:55
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF FLORIDA

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

A. DIRECTORS

Chairman: JASON K. BLAKE

Address: 2975 Horseshoe Drive South, Suite 100
Naples, FL 34104

Vice Chairman:

Address:

Director: RONALD F. DUNN

Address: 2975 Horseshoe Drive South, Suite 100
Naples, FL 34104

Director: ADAM FERRELL

Address: 2975 Horseshoe Drive South, Suite 100
Naples, FL 34104

B. OFFICERS

President: RONALD F. DUNN

Address: 2975 Horseshoe Drive South, Suite 100
Naples, FL 34104

Vice President:

Address:

Secretary: and CHIEF OPERATING OFFICER: JASON K. BLAKE

Address: 2975 Horseshoe Drive South, Suite 100, Naples, FL 34104

Treasurer: RONALD F. DUNN

Address: 2975 Horseshoe Drive South, Suite 100, Naples, FL 34104

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

12. 

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 constitute a third degree felony as provided for in s.817.155, F.S.

13. JASON K. BLAKE, SECRETARY

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

Secretary of The State of Connecticut

I, the Secretary of The State of Connecticut, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

SUMMIT ORTHOPEDIC TECHNOLOGIES, INC.

a domestic STOCK corporation, was filed in this office on June 17, 2014.

A certificate of amendment for SUMMIT SCREW & MACHINE CORPORATION, changing its name
to SUMMIT ORTHOPEDIC TECHNOLOGIES, INC., was filed on December 15, 2016.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as
indicated by the records of this office such corporation is in existence.



Secretary of The State of Connecticut

Date Issued: July 30, 2019