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PLEASE REPLY TO:
POST OFFICE DRAWER 2366
WINTER PARK, FLORIDA 32790-2366
FACSIMILE (407) 740-0310

MD10000000178
January 19, 2001

VIA REGULAR MAIL

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MJH

Re: Application by Foreign Limited Liability Company for Authorization to
Transact Business in Florida for Ortheon Medical, L.L.C.

Gentlemen:

Enclosed is the original and one copy of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Ortheon Medical, L.L.C., together with a check for \$155.00 to cover the filing fee and certified copy fee. Also enclosed is an original Certificate of Good Standing for the State of Nevada for Ortheon Medical, L.L.C.

Once the Application by Foreign Limited Liability Company has been filed, please return the certified copy to this office.

Sincerely yours,

600003568466--5
-01/23/01--01101--003
***155.00 ***155.00



William P. Weatherford, Jr.

WPWjr/ddd
Enclosures
cc: William J. Christy

E:\WPW\CLIENT\ORTHEON\SECSTATE.LTR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JAN 23 PM 4:01

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Ortheon Medical, L.L.C.
(Name of foreign limited liability company)

2. Nevada
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. May 12, 2000
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. July 1, 2001
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 7151 University Blvd.
Winter Park, Florida 32792
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Warren P. Williamson III 4201 Gulfshore Blvd., #1506, Naples, FL 34103

Ray S. Tittle, Jr. 10 Shore Drive, Dune Acres, Chesterton, IN 46304

William J. Christy 4517 Old Carriage Trail, Oviedo, FL 32765

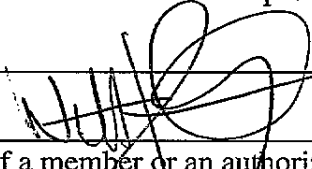
James R. Christy 216 Bayshore Circle, Venice, FL 34792

Albert H. Pharis, Jr. 20 Oakdale Farm Drive, Edmond, OK 73013

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: all lawful

business



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William J. Christy

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JAN 23 PM 4:01

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Ortheon Medical, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

William P. Weatherford, Jr., Esq.

(Name)

1031 W. Morse Blvd., Suite 105

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Winter Park

FL

32789

City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



(Signature)

W P Weatherford Jr

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ORTHEON MEDICAL, L.L.C.**, as a limited-liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 12, 2000, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on January 4, 2001.



Dean Heller

Secretary of State

By

A. L. Zapp

Certification Clerk