

1103000003189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

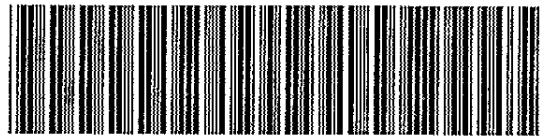
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000023210160

09/22/03--01031--006 \*\*125.00

FILED  
2003 SEP 22 PM 4:07  
TALLAHASSEE, FLORIDA

J. BRYAN SEP 29 2003

**SCHLOSSBERG  
& ASSOCIATES  
P.C.**

*Counsellors at Law*

Jeffrey M. Schlossberg  
George W. Skogstrom, Jr.  
Scott I. Wolf\*  
S. Robert Fish, Jr.  
Michael T. O'Neil

\*also admitted in Florida

September 17, 2003

Florida Department of State  
Registration Section  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

**RE: *Neurortho Implants Design, LLC***

Dear Sir/Madam:

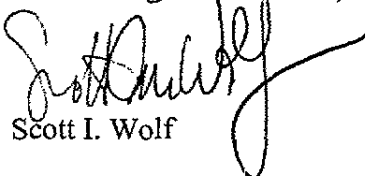
Enclosed please find the following documents for the above mentioned  
Limited Liability Company:

1. Application by Foreign Limited Liability Company for  
Authorization to Transact Business in Florida;
2. Certificate of Designation of Registered Agent/Registered  
Office; and
3. Certificate of Good Standing and Legal Existence  
(Delaware).

Also enclosed please find a check in the amount of One Hundred  
Twenty-five (\$125.00) Dollars to cover the cost of the filing fees.

Very truly yours,

Schlossberg & Associates, P.C.

  
Scott I. Wolf

SIW/ljw

35 Braintree Hill Office Park  
Suite 303  
P.O. Box 850699  
Braintree, MA 02185-0699  
Tel: 781 848 5028  
Fax: 781 848 5096

email@sandmlaw.com

cc: Dr. Lionel Sevrain, Manager  
Jeffrey M. Schlossberg, Esquire

G:\Neurortho Implants\Ltrs\Florida091703.doc

FILED  
2003 SEP 22 PM 4:07  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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:*

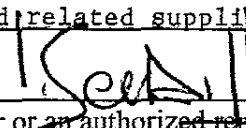
1. Neurortho Implants Design, LLC  
(Name of foreign limited liability company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 11-3650769  
(FEI number, if applicable)
4. August 22, 2002  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1219 Avondale Lane, West Palm Beach, FL 33409  
(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:

Lionel C. Sevrain, M.D., 1219 Avondale Lane, West Palm Beach, FL 33409

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: To research, develop,  
and sell medical equipment and related supplies.

  
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.)

LIONEL C. SEVRAIN  
Typed or printed name of signee

FILED  
2009 SEP 22 PM 4:07  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

**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:

Neurortho Implants Design, LLC

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

Lionel C. Sevrain

(Name)

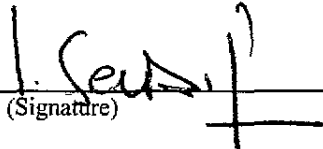
1219 Avondale Lane

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

West Palm Beach FL 33409

(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)

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

FILED  
2003 SEP 22 PM 4:07  
TALLAHASSEE, FLORIDA

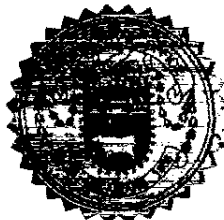
# Delaware

*The First State*

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEURORTHO IMPLANTS DESIGN, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF SEPTEMBER, A.D. 2003.

FILED  
2003 SEP 22 PM 4:08  
OFFICE OF CORPORATIONS  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3561473 8300

AUTHENTICATION: 2618690