# M04000005311

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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MOU-5311

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VANTA GE	TECHNOLOGY, LLC
(N:	ame of Limited Liability Company)
	Limited Liability Company for Authorization to Transact Business in check are submitted to register the above referenced foreign limited in Florida
Please return all correspondence conce	rning this matter to the following:
	(Name of Person)
V	ANTIAGE TECHNOLOGY LLC
	(Firm/Company)
	O. Box 428
	(Address)
EFF	FAGHAM, IL 62401
	(City/State and Zip Code)
For further information concerning this matter, please call:	
MYRON T. SALMON (Name of Person	
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
409 E. Gaines Street Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following a	
	Filing Fee & \$\subseteq\$ \$\sub

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

1. VANTAGE TECHNOLOGY LLC

1.	(Name of Foreign Limited Liability Company)
2.	/LL(NOIS (Jurisdiction under the law of which foreign limited liability company is organized)  3. 37-1350801 (FEI number, if applicable)
4.	(Date of Organization)  5. PEPETUAL  (Duration: Year limited liability company will cease to exist or "perpetual")
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	1207 NETWORK CENTRE DRIVE STEY  EFFINGHAM 12 63401  (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:  ANN S. DETERS-CEO 1201 NETWORK CENTRE DR EFFINGHAM, 12 62401  ANN WAGNER-PRESIDENT 1207 NETWORK CENTRE DR EFFINGHAM 12 62401
the tran	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having distody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under oath of the translator must be submitted.)  Nature of business or purposes to be conducted or promoted in Florida:   Provided the American Acceptable of the translator must be submitted.)
	Supplies + SERVICES USED BY HEALTHOARE FACILITIES IN PERFORMING LATARACT SURGERY  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.)
	ANN S DETERS

Typed or printed name of signee

FL057 - 08/03/04 C T System Online

## 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.

	f the Limited Liability Compa TAGE TECHNOLOGY	•		
	nd the Florida street address of		gent and office are:	<del></del> -
The name a	id the Piorida sheet address t	of the registered a	gent and office are.	
	СТ-	Corporation System		
		(Name)		
		South Pine Island Roa		
	Florida Street Addr	ress (P.O. Box NOT	ACCEPTABLE)	
	Plantation	FL	33324	
		City/State/Zip		
iability compan igent and agree	med as registered agent and to sy at the place designated in th to act in this capacity. I furth roper and complete performan	is certificate, I her er agree to compl ace of my duties, a	reby accept the appoin y with the provisions o	ntment as registered of all statutes

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

5.00

\$ 25.00 Designation of Registered Agent

Certificate of Status (optional)



#### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

VANTAGE TECHNOLOGY, L.L.C.,
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 21, 1995,
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT
BUSINESS IN THE STATE OF ILLINOIS.



#### In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this day of A.D. 28TH

Desse White

SECRETARY OF STATE