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DIVISION OF CORPORATION

FOREIGN LIMITED LIABILITY COMPANY

Ultimate Othopaedics LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
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MO4-5475
JR
12/13/2004

**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. **Ultimate Orthopaedics L.L.C.**
(Name of foreign limited liability company)

2. **New Jersey** 3. **N/A**
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. **July 9, 2002** 5. **Perpetual**
(Date of Organization) (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. **918 Penn Trail, Jupiter, FL 33458**
(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:

Guy Mustalish - 918 Penn Trail, Jupiter, FL 33458

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: _____

Medical Supplies

Guy Mustalish
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.)

Guy Mustalish

Typed or Printed name of signee

**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:

Ultimate Orthopaedics L.L.C.

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

Guy Mustalish

918 Penn Trail

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

Jupiter, FL 33458

(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, Florida Statutes.

Guy Mustalish MD
(Signature)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

OFFICE 7:41

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

ULTIMATE ORTHOPAEDICS L.L.C.
0600145063

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 9, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Salim Omar
49 Cliffwood Avenue
Cliffwood, NJ 07721

Continued on next page . . .

0600145063
JUL 13 2002
MILWAUKEE, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

ULTIMATE ORTHOPAEDICS L.L.C.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
29th day of September, 2004

A handwritten signature in cursive script, appearing to read "John E. McCormac".

John E McCormac, CPA
State Treasurer

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING