

MOB 000000949

(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

2/20/06  
Christ



400065695334

02/13/06--01056--004 \*\*125.00

SECRET  
OFFICE OF STATE  
TALLAHASSEE, FLORIDA

06 FEB 13 AM 11:09

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHOCKWAVE TECHNICAL SERVICE, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Michael Rozmajzl  
(Name of Person)

Shockwave Technical Service, LLC  
(Firm/Company)

110 Arrow Mill, Suite 400  
(Address)

Woodstock, GA 30188  
(City/State and Zip Code)

FILED  
06 FEB 13 AM 11:09  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Michael Rozmajzl at (770) 966-1315 x 112  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. SHOCKWAVE TECHNICAL SERVICE, LLC  
(Name of Foreign Limited Liability Company)
2. Ohio  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-0931791  
(FEI number, if applicable)
4. 03/1/2004  
(Date of Organization)
5. perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 110 ARNOLD HILL PARK SUITE 400  
WOODSTOCK GA 30188  
(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:

Michael Rozmajzl, Mark Gronowski, Wolfgang Schwenen  
Reiner Schultheiss, Nikolaus Hopferitz  
110 Arnold Hill, Suite 400, Woodstock, GA 30188

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  
product service and distribution

[Signature]  
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.)

Michael Rozmajzl  
Typed or printed name of signer

FILED  
06 FEB 13 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

SHOCKWAVE TECHNICAL SERVICE, LLC

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

David King

(Name)

5131 N.E. COUNTY ROAD 340

Florida Street Address (P.O. Box NOT ACCEPTABLE)

HIGH SPRINGS FL 32643

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.

David L King  
(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  
06 FEB 13 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**United States of America  
State of Ohio  
Office of the Secretary of State**

*I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show SHOCKWAVE TECHNICAL SERVICE, LLC, an Ohio Limited Liability Company, Registration Number 1451974, was organized within the State of Ohio on March 24, 2004, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 26th day of January, A.D. 2006*

A handwritten signature in cursive script that reads "J. Kenneth Blackwell".

Ohio Secretary of State