

MO7000001966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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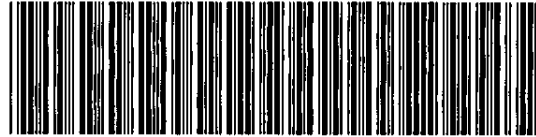
(Business Entity Name)

(Document Number)

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

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W07-14768

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orbital Enterprises 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:

Jerry Siegel  
(Name of Person)  
Orbital Enterprises LLC  
(Firm/Company)  
6850 Cochran Rd  
(Address)  
Solon, Ohio 44139  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Jerry Siegel at ( 440 ) 349 5912  
(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. ORBITAL Enterprises LLC  
(Name of Foreign Limited Liability Company)
2. Solon, Ohio USA 44139 3. 51-0475858  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. July 28<sup>th</sup> 2003 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. NA  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. ORBITAL Enterprises LLC  
6850 Cochran Rd, Solon Ohio 44139  
(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:

NA Fred Helmuth MGR  
Greg Greenspan - MGR

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: Marketing, Sales, Licensing  
of Foot and Ankle "CPM + CAMS" - Continuous Passive Motion Devices

X [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.)

X GREG GREENSPAN  
Typed or printed name of signee

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**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:

ORBITAL Enterprises LLC

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

Fred Helmut  
(Name)

4700 Winter Park Rd  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Sarasota , FL 33235-2603  
City/State/Zip

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*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.*

X   
(Signature)

Fred Helmut

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

Doc ID -->

200320900816



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/28/2003	200320900816	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	100.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

LURIA BELKIN  
1111 TOWER EAST, 20600 CHAGRIN BLVD  
ATTN: KEITH E. BELKIN  
SHAKER HEIGHTS, OH 44122

# STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1401846

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**ORBITAL ENTERPRISES LIMITED, LLC**

and, that said business records show the filing and recording of:

Document(s)

**ARTICLES OF ORGANIZATION/DOM. LLC**

Document No(s):

**200320900816**



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

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 28th day of July, A.D.  
2003.

*J. Kenneth Blackwell*  
Ohio Secretary of State

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Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-5315)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

☒ Yes PO Box 1390  
Columbus, OH 43216  
\*\* Requires an additional fee of \$100 \*\*

☐ No PO Box 870  
Columbus, OH 43216

# ORGANIZATION / REGISTRATION OF LIMITED LIABILITY COMPANY

(Domestic or Foreign)

Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

**(CHECK ONLY ONE (1) BOX)**

<p>(1) <input checked="" type="checkbox"/> Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705</p>	<p>(2) <input type="checkbox"/> Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1705</p>
(Date of Formation)	(State)

Complete the general information in this section for the box checked above.

Name ORBITAL ENTERPRISES LIMITED, LLC☐ Check here if additional provisions are attached

\* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd, L.L.d., LLC, L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date (Optional) \_\_\_\_\_ Date specified can be no more than 90 days after date of filing. If a date is specified,  
(mm/dd/yyyy) the date must be a date on or after the date of filing.

This limited liability company shall exist for \_\_\_\_\_  
(Optional) (Period of existence)

Purpose \_\_\_\_\_  
(Optional)

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws  
of this limited liability company is \_\_\_\_\_

(Optional) GREGORY GREENSPAN *HEAT*  
(Name)  
18775 WEST CIRCLE PARK  
(Street) NOTE: P.O. Box Addresses are NOT acceptable.  
CHAGRIN FALLS OHIO 44023  
(City) (State) (Zip Code)

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Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio

(State)

(Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- the agent cannot be found, or
- the limited liability company fails to designate another agent when required to do so, or
- the limited liability company's registration to do business in Ohio expires or is cancelled.

#### REQUIRED

Must be authenticated (signed)  
by an authorized representative  
(See instructions)

W6 MT

Authorized Representative GREGORY GREENSPAN Date 7-25-03

(Print Name)

Authorized Representative

Date

(Print Name)

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Complete the information in this section if box (1) is checked Cont.

### ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

ORBITAL ENTERPRISES LIMITED, LLC

(name of limited liability company)

hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is:

GREGORY GREENSPAN

(Name of Agent)

18775 WEST CIRCLE DRIVE

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

CHAGRIN FALLS

(City)

Ohio

(State)

44023

(Zip Code)

Must be authenticated by an  
authorized representative



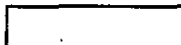
Authorized Representative

7-25-02

Date



Authorized Representative



Date

### ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

ORBITAL ENTERPRISES LIMITED, LLC

(name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability Company.



(Agent's signature)

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

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