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EXAMINER

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DATE:

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NAME:

NORTHERN LITHO, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

\$155

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AUTHORIZATION:

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

IN COMPLIANCE WITH SECTION (ORSO), FLORIDA STATUTES, THE FOLLOWING IS SLEMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
, Northern Litho, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.")
IN COMPLIANCE WITH SECTION (DR.SG), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECESSER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Northern Litho, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or
2 Pennsylvania 3.
(Arriadiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. June 19, 1995 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing
(Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 325 West Street W
Tampa, FL 33602
(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:
Daniel J. Conley, Member
407 Pinkerton Road
Wexford, PA 15090
10. Attached is an original certificate of existence, no more tran 90 days old, duly authenticated by the official having custody of accords in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a funcion 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: Lithotripsy
equipment and services
Daniel & Conly
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 perjory that the facts stated berein are true.)
DANIEL J. CONLEY Typed or printed pame 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	of the Limited Liability Company is:
Northern L	Litho, LLC
If name unava	ilable, the alternate name to be used in the state of Florida is:
2. The name a	and the Florida street address of the registered agent and office are:
	Capitol Corporate Services, Inc.
	(Name)
	155 Office Plaza Drive, Suite A
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee, FL 32301
	City/Si-and/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.

Cayle Windle asst sec

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

OCTOBER 23, 2008

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

NORTHERN LITHO, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 7696151-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp