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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Stimulus Medical LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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

IN COMPLIANCE WIT	H SECTION 608.503, FLORIDA STATUTE,	S THE FOLLOWING IS SUBMITTED TO	REGISTER A FO	OR <u>EIG</u> N
LIMITED LIABILITY CO.	MPANY TO TRANSACT BUSINESS IN THE S			
Stimulus Medical LI	•			
(Name of Foreig	n Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.,"	or "LLC,")	•
If name unavailable, or	nter alternate name adopted for the purpose	of transacting business in Florida and attention of transacting business in Florida and attention to the state of the stat	sch a copy of the	written
Company," "L.L.C.," "		mit henre. The alternace hand their more	e transfee Empi	,
Delaware				
company is organized	e law of which foreign limited liability 1)	(FEI number, if applicable	e)	•
Murch 13, 2009	5.	perpetua)		
(Date	of Organization)	(Duration: Year limited liability compa exist or "perpetual")	лу will cease to	•
Upon registration		•		
	(Date first transacted business in Flor (See sections 608.50) & 608.502 F.S.	ida, if prior to registration.)		•
3630 Gardens Parky		is determine penalty hability)		
				_
Pulm Beach Garden				
	(Street Address o	f Principal Office)		•
If limited linkilit	y company is a manager-managed o	nominani, sheek have		
, II minica nacini	y company is a manager-manager c	company, enough note 125		
. The name and us	ual business addresses of the mana	ging members or managers are as fo	ollows:	
Stuart John Lawley				
3630 Gardens Park				-
Palm Beach Garder	is, FL 3341D			-
				-
0. Attached is an origin	al certificate of existence, no more than 90 da	nys old, duly authenticated by the official hav	ving custody of rec	cords in
cjurisdiction under the	law of which it is organized. (A photocopy	is not acceptable. If the certificate is in a for		
enstation of the certifica	ite under oath of the translator must be subm	itted.)		
1. Nature of busin	ess or purposes to be conducted or	The purpose of promoted in Florida:	the Corporation	_
is to engage in any i	awful act or activity for which corporation	is may be organized to do business.		
		107 🔨	T S	
	Cianagura of a manhau an anal		البيا سيا	160
	(In accordance with section 608,408(3), F.S.	norized representative of a member.	≱浴	MAR
	en affirmation under the penalties of perjur		A	-
	Stuart John Lawley		33.55 7.75 7.75 7.75	9
FL057 - 08/28/2007 C 7 Syst	Typed or printed i	name of signee	m _C	7
· heat - mittalenet to 1 DAS	मा प्राप्तकार्था .	•	S.	~

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.

The name of the Limited Liability Company is: Stimulus Medical LLC			
If name unavailable, the alternate name to be used i	n the state of Florida is:		
2. The name and the Florida street address of the re	gistered agent and office are:		
С Т Согрога	tion System		
(Nai	me)		
1200 South Pin	e Island Road		
Florida Street Address (P.O	Box NOT ACCEPTABLE)		
Plantation	33324 FT.		
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.

By: Jeanne Nelson
Assistant Secretary

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

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STIMULUS MEDICAL LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MARCH, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4665122 8300

090278053

You may verify this cortificate online at corp. delawage, gov/authvoz, whiml

suffrey W. Hullock, Secretary of State

AUTHENTACATION: 7193864

DATE: 03-18-09