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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

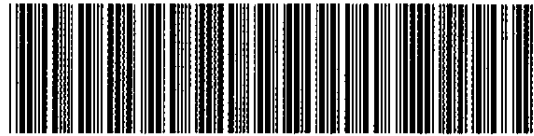
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

M. THOMAS

JUL 7 2009

EXAMINER

MO9-2604



Kathleen Stephens
(512) 236-2039 (Direct Dial)
(512) 391-2114 (Fax)
kstephens@jw.com

July 2, 2009

VIA FEDEX

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Santa Barbara Medical Innovations, LLC

To Whom It May Concern:

Enclosed please find the following:

1. Two Application's for Registration for Santa Barbara Medical Innovations, LLC;
2. A Certificate of Good Standing from the State of Delaware; and
3. A check for \$155.00 representing payment of the filing fee for the Application for Registration.

Please file the Application for Registration on an expedited basis.

Please forward one of the file-stamped copies of the above-referenced document to my attention via the enclosed return Federal Express envelope.

If you have any questions regarding this matter, please do not hesitate to contact me. Thank you for your attention to this matter.

Sincerely,

Kathleen Stephens
Paralegal

Enclosures

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Santa Barbara Medical Innovations, 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:

Kati Stephens

Name of Person

Jackson Walker L.L.P.

Firm/Company

100 Congress Avenue, Suite 1100

Address

Austin, Texas 78701

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Kati Stephens

Name of Person

at (512)

236-2039

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
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
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. Santa Barbara Medical Innovations, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware 3. 26-4673805
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/30/2009 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will come 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. 5215 N. O'Connor Boulevard, Suite 1820
Irving, Texas 75039
(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:

Robert Neyland 5331 Mockingbird Lane, Apartment 519, Dallas, Texas 75206

Edward Chip Conk 1372 Oak Creek Canyon, Montecito, California 93108

Mark Shank 5713 Binbranch Lane, McKinney, Texas 75071

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: Sales, distribution and
lease/use of medical equipment

Ella Neyland
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.)

Ella Neyland, Chief Financial Officer

Typed or printed name of signee

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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:

Santa Barbara Medical Innovations, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name 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)

FL Tallahassee, 32301

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.

Boyle Wundt asst sec
(Signature)

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

Santa Barbara Medical Innovations, LLC
Application by Foreign LLC Company (cont.)

#9.

Charlie Shank
5709 Binbranch Lane
McKinney, Texas 75071

Rowland Hanson
101 7th Avenue S
Kirkland, Washington 98033

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TALLAHASSEE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SANTA BARBARA MEDICAL INNOVATIONS, 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 FIRST DAY OF JULY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SANTA BARBARA MEDICAL INNOVATIONS, LLC" WAS FORMED ON THE THIRTIETH DAY OF MARCH, A.D. 2009.

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

4670812 8300

090666295

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7395803

DATE: 07-01-09