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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

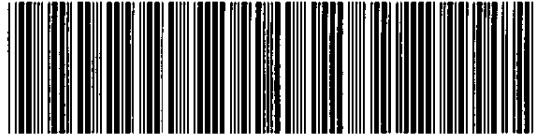
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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T. CLINE

JUL 17 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2009

LEONARD MARTIN  
BAKER, DONELSON, BEARMAN, CALDWELL  
4268 I-55 NORTH MEADOWBROOK OFFICE PARK  
JACKSON, MS 39211

SUBJECT: DELTA BAY MEDICAL, LLC  
Ref. Number: W09000028978

We have received your document for DELTA BAY MEDICAL, LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 009A00021107

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TALLAHASSEE, FLORIDA

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**BAKER  
DONELSON**  
BEARMAN, CALDWELL  
& BERKOWITZ, PC

4268 I-55 NORTH  
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JACKSON, MISSISSIPPI 39211  
PHONE: 601.351.2400  
FAX: 601.351.2424  
MAILING ADDRESS:  
P. O. BOX 14167  
JACKSON, MISSISSIPPI 39236

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LEONARD C. MARTIN  
Direct Dial: 601.351.2453  
Direct Fax: 601.592.2453  
E-Mail Address: [lmartin@bakerdonelson.com](mailto:lmartin@bakerdonelson.com)

June 16, 2009

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

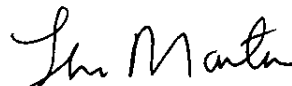
Re: Delta Bay Medical, LLC

Dear Sir or Madam:

Enclosed are the Cover Letter, the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and the Certificate of Designation of Registered Agent/Registered Office for Delta Bay Medical, LLC, a Mississippi limited liability company. Also enclosed is the filing fee for \$155.00 for the filing fee and the certified copy. Please issue the certificate to do business in the State of Florida and return the certified copy of the certificate to me in the enclosed self-addressed stamped envelope. Thank you for providing me this service.

Sincerely yours,

BAKER, DONELSON, BEARMAN,  
CALDWELL & BERKOWITZ, P.C.



Leonard C. Martin

LCM:tec

Enclosures

cc: David R. Ford, Sr.

JM LCM 706410 v1  
2912812-000001 6/15/2009

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Delta Bay Medical, 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:

David R. Ford, Sr.  
Name of Person

Delta Bay Medical, LLC  
Firm/Company

731 South Pear Orchard  
Address

Ridgeland, MS 39157  
City/State and Zip Code

david.ford@zimmer.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

David R. Ford, Sr. at ( 601 ) 957 6485  
Name of Person 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. Delta Bay Medical, 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. Mississippi 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. November 13, 2008 5. perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 2 / 18 / 09  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 731 South Pear Orchard  
Ridgeland, MS 39157  
(Street Address of Principal Office)

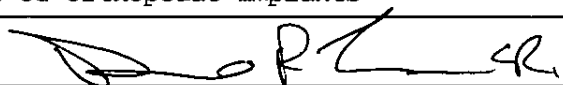
8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

<u>David R. Ford, Sr., LLC</u>	<u>Ervin and Associates, LLC</u>
<u>731 South Pear Orchard</u>	<u>3200 Dawes Lake Road East</u>
<u>Ridgeland, MS 39157</u>	<u>Mobile, AL 36619</u>

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: Manufacturer  
and distributor of orthopedic implants

  
\_\_\_\_\_  
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.)  
David R. Ford, Sr., Manager, D. R. Ford, Sr., LLC  
\_\_\_\_\_  
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:

Delta Bay Medical, 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:

David R. Ford, Sr.  
(Name)

3357 Copter Road, Suite 8  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Pensacola FL 32514  
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.*

  
(Signature)

Manager, David R. Ford, Sr., LLC

\$ 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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# State of Mississippi

Office of the Secretary of State  
C. Delbert Hosemann, Jr., Secretary of State  
Jackson, Mississippi

## CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

DELTA BAY MEDICAL, LLC

Formed November 13, 2008

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

292 SURREY CROSSING  
RIDGELAND MS 39157

and that the registered agent at that address is:

FORD, DAVID R., SR

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand  
and seal of office  
June 19, 2009

A handwritten signature in cursive script that reads "C. Delbert Hosemann, Jr.".

C. Delbert Hosemann, Jr.  
Secretary of State