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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

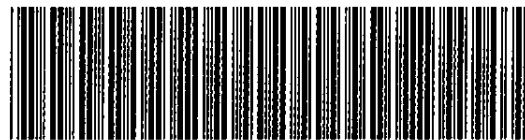
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/25/11--01048--011 **125.00

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11 OCT 25 AM 11:01
STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
OCT 26 2011
EXAMINER

MARGIE M. TOLBERT

PARALEGAL

(205) 930-5198

mtolbert@sirote.com

SIROTE
— & —
PERMUTT
A PROFESSIONAL CORPORATION

October 24, 2011

VIA FEDERAL EXPRESS

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

Re: SportsMed Orthopedic Solutions, LLC, a Delaware limited liability company

Dear Reader:

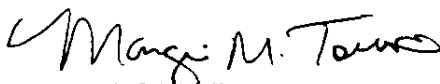
Enclosed are the following:

1. Transmittal Letter and Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida (original and one copy).
2. Certificate of Good Standing from the State of Delaware dated October 19, 2011.
3. Check in the amount of \$125.00 to cover the filing fee.

Please review these documents and, if they are satisfactory, file them upon receipt and return a certified copy of the Application to me in the envelope provided.

Should you have any questions, please call me or e-mail me at mtolbert@sirote.com. Thank you for your assistance in this matter.

Sincerely



Margie M. Tolbert
Paralegal

MMT/s
Enclosures

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TALLAHASSEE, FLORIDA

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LAW OFFICES AND MEDIATION CENTERS
2311 HIGHLAND AVENUE SOUTH BIRMINGHAM, ALABAMA 35205

POST OFFICE BOX 55727 BIRMINGHAM, ALABAMA 35255-5727

TELEPHONE | 205.930.5100 FAX | 205.930.5101 URL | <http://www.sirote.com>

Birmingham | Huntsville | Mobile

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SportsMed Orthopedic Solutions, 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:

Margie Tolbert

Name of Person

Sirote & Permutt, P.C.

Firm/Company

2311 Highland Avenue South

Address

Birmingham, Alabama 35205

City/State and Zip Code

cvacarel@its.jnj.com

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

For further information concerning this matter, please call:

Margie Tolbert

Name of Person

at (205) 930-5198

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

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STATE

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. **SportsMed Orthopedic Solutions, 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**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **45-3637939**

(FEI number, if applicable)

4. **10-14-2011**

(Date of Organization)

5. **Perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

6. **Upon registration**

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

7. **1513 Highland Gate Point**

Hoover, AL 35244

(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:

Christopher Anthony Vacarella

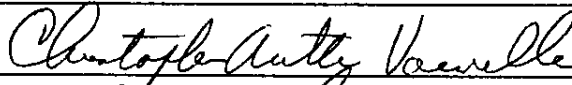
1513 Highland Gate Point

Hoover, AL 35244

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:

Medical products distribution


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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Christopher Anthony Vacarella

Typed or printed name of signee

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SEAL
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:

SportsMed Orthopedic Solutions, 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:

NRAI Services, Inc.

(Name)

515 East Park Avenue

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301

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.

NRAI Services, Inc.

By: Gwendolyn Andrews

(Signature)

Gwendolyn Andrews, Special 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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TALLAHASSEE, FLORIDA

Delaware

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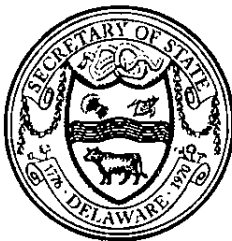
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPORTSMED ORTHOPEDIC SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF OCTOBER, A.D. 2011.

FILED
11 OCT 25 AM 11:01
SECRETARY OF STATE
HALLAM STREET, FLORIDA

5049057 8300

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9102592

DATE: 10-19-11