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K.SALY EXAMINER JUL 5 - 2012

COVER LETTER

Registration Section Division of Corporations

TO:

	Name of Limited Liability Company
	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning th	is matter to the following:
HABEEL GAZI	
	Name of Person
ARC SURGICALS MA	
	Firm/Company
2232 STRAWBERR	
	Address
ORLANDO FL 32828	
	City/State and Zip Code
HABEEL@GMAIL	.COM
	ess: (to be used for future annual report notification)
For further information concerning this matter	, please call:
DALIA CANTOR	_{at (} 321) 221-0175
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations
Registration Section P.O. Box 6327	Registration Section Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following a	
\$125.00 Filing Fee \$130.00 Fili	ng Fee & \$\int\\$\$155.00 Filing Fee & \$\int\\$\$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 A	RC SURGICALS MANUFACTURING LLC
1	Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
conse	ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability pany," "L.L.C," "LLC.")
(Ju	EXAS arisdiction under the law of which foreign limited liability (FEI number, if applicable) (FEI number, if applicable)
4. <u>0</u>	(Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease 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. <u>2</u>	2322 STRAWBERRY TREE LANE
<u>C</u>	ORLANDO FL 32828 (Street Address of Principal Office)
8. It	f limited liability company is a manager-managed company, check here
9. T	The name and usual business addresses of the managing members or managers are as follows
]	TAUSIF UR REHMAN, 3100 OUSDAHL RD, LAWRENCE, KS 66046
-	HABEEL GAZI, 2232 STRAWBERRY TREE LANE, ORLANDO, FL 32828
the ju	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the risdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a lation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: MANUFACTURING OR
L	ICENSING OF SURGICAL DEVICES
	A TOTAL
	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.) HABEEL GAZI

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

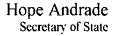
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Co	mpany is:
ARC SURGICALS MANUF	ACTURING LLC
If unavailable, the alternate to be used in	the state of Florida is:
2. The name and the Florida street addre	ess of the registered agent and office are:
AVALON PARK ACC	OUNTING
	(Name)
13000 AVALON LA	KE DRIVE, STE 303
Florida Street	Address (P.O. Box NOT ACCEPTABLE)
ORLANDO	_{FL} 32828
	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.

Dalid awto

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





Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ARC Surgicals Manufacturing LLC (file number 801389205), a Domestic Limited Liability Company (LLC), was filed in this office on February 25, 2011.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 29, 2012.



Hope Andrade Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/
Phone: (512) 463-5555
Prepared by: SOS-WEB

Come visit us on the internet at http://www.sos.state.tx.us/
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