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From:

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#### Foreign Limited Liability Company OSTEOARTHRITIS SOLUTIONS LLC

Certificate of Status	0
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Help

J. SAULSBERRY **EXAMINER** 

FEB 28 2013

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## 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 COMPLANT TO THANK IT YOU STATE OF ELOPHOA.

IJ	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		,	
1.	OSTEOARTHRITIS SOLUTIONS LLC			
	OSTEOARTHRITIS SOLUTIONS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,	" or "LLC,")		
ÇO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and at unsent of the managers or managing members adopting the alternate name. The alternate name must inclus impany," "L.L.C," "L.L.C.")			
2.	DELAWARE 3. 46-0910391 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)			
•	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicant company is organized)	le)		
4.	08/06/2012 5. Perpetual			
	(Date of Organization) (Duration: Year limited liability compexist or "perpetual")	any will cease to	5	
6.	(Date first transacted business in Florida, if prior to registration.)		_	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	*****		
7.	3500 SOUTH DUPONT HWY	ACS.	2013	
	DOVER, DE 19901	23 33	££8	43544
	(Street Address of Principal Office)	SS	2	
8.	If limited liability company is a manager-managed company, check here	Y OF	A	Ţ
9.	The name and usual business addresses of the managing members or managers are as t MYRON Z. BERNSTEIN - 2016 HARBOURSIDE DR. APT. 327 LONGBOAT KEY, FL 34228	Collows NIC	99	₹.
	GEOFFREY SAUNOOKE - 4075 N KILBERRY WAY, MERIDIAN, ID 83646			
	MORGAN SAUNOOKE - 4075 N KILBERRY WAY, MERIDIAN, ID 83648	<u></u>		
	MATT GOLDMAN - 17 NORTH BRAE CT., TENAFLY, NJ 07870			
thx	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official has ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foundation of the certificate under onth of the translator must be submitted.)	ving custody of r rcign language, a	ecords in	
11	. Nature of business or purposes to be conducted or promoted in Florida:			
	Providing management services to doctors.		·	
	Josep WWC			
	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.)	r,		
	TODD MATRAS	-		
	Typed or printed name of signee			

\*\*\*

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#### 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:	
OSTEOARTHRITIS 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:	
OSLEY SAUNOOK (Name)  OSLEY SAUNOOK	
(Name)	
2435 GULF GATE DR. □ 3	
· · · · · · · · · · · · · · · · · · ·	
コート III コート	
Sarasota FL 34231	
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.  Let Your Description (Signalure)	
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	

Certified Copy (optional)

Certificate of Status (optional)

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# Delaware

DAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OSTEOARTHRITIS 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 TWENTY-NINTH DAY OF JANUARY, A.D.
2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID

"OSTEOARTHRITIS SOLUTIONS LLC" WAS FORMED ON THE SIXTH DAY OF

AUGUST, A.D. 2012.

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

TILED

2013 FEB 27 AM & 12

SEURETARY OF STATE
TALLAHASSEF, FI ORIGA

5194685 8300

130100531

at corp.delaware.gov/authver.shtml

AUTHENTY CATION: 0175377

DATE: 01-29-13