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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*Hunziker Lippens
& Heck LLC*

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

May 8, 2015

*Attorneys and
Counselors*

Re: Extra Hands Surgical Services
Our File No.: 07-519

To Whom It May Concern:

Enclosed please find the original and one (1) copy of the Cover Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Designation of Registered Agent/Registered Office, Certificate of Good Standing and Certified Articles of Organization along with a check in the amount of \$160.00 to cover the cost of filing the above mentioned. Please execute and return the file stamped copy to our office in the enclosed self- addressed stamped envelope.

Should you have any questions, please do not hesitate to contact the undersigned at your earliest convenience.

Best regards,

HUNZIKER LIPPENS & HECK, LLC


CASSANDRA SCOTT
Legal Assistant

Sixteenth Floor
Commerce Bank
Building
416 Main Street
Peoria, Illinois 61602
309.676 7777
309 676.1326 fax
info@hunzikerlaw.com

/cls
Enclosures
Corr Division of Corporations FL342815

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Extra Hands Surgical Services, 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:

Gregory A. Hunziker

Name of Person

Hunziker Heck & Schneiderheinze LLC

Firm/Company

416 Main Street, Suite 1600

Address

Peoria, Illinois 61602

City/State and Zip Code

greg@hunzikerlaw.com

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

For further information concerning this matter, please call:

Gregory Hunziker

Name of Contact Person

at (309) 676.7777

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:**

1. Extra Hands Surgical Services, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Illinois 3. 20-1425195
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1604 Visa Drive
Normal, Illinois 61761
(Street Address of Principal Office)

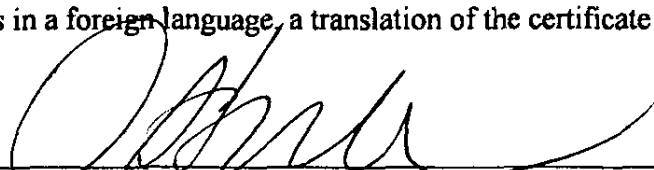
6. 1604 Visa Drive
Normal, Illinois 61761
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

John Atwater, Manager

2257 West Ocean Oaks Circle
Vero Beach FL 32963

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

John Atwater, Manager

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Extra Hands Surgical Services, 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:

Corporation Services Company

(Name)

1201 Hays Street

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

Tallahassee

FL

32301

City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 605, Florida Statutes.

Carina L. Dunlap
(Signature)

Carina L. Dunlap
Asst. Vice President

\$ 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

JESSE WHITE • Secretary of State

0229395-1

04/23/2015

GREGORY A. HUNZIKER
416 MAIN STREET
SUITE 1600
PEORIA, IL 61602

RE: EXTRA HANDS SURGICAL SERVICES, LLC

DEAR SIR OR MADAM:

ENCLOSED PLEASE FIND THE CERTIFICATE(S) REQUESTED CONCERNING THE ABOVE REFERENCED LIMITED LIABILITY COMPANY.

THE CERTIFICATE(S) WAS/WERE ASSIGNED AUTHENTICATION NUMBER 1511302013.

THE REQUIRED FEE IS HEREBY ACKNOWLEDGED.

SINCERELY YOURS,

Jesse White

JESSE WHITE
SECRETARY OF STATE

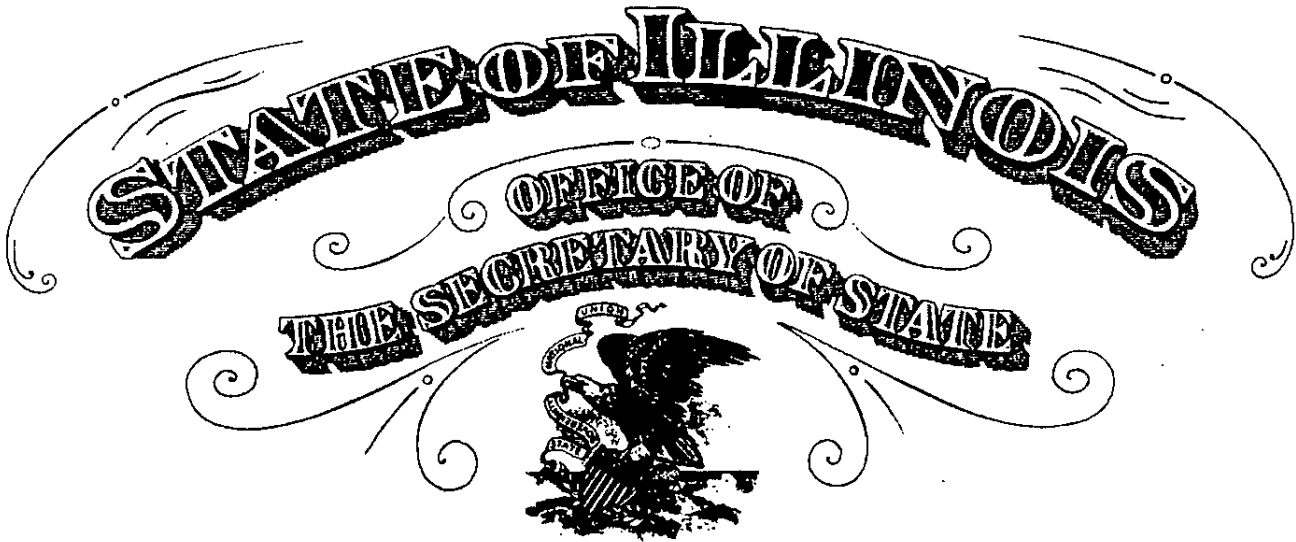
DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY COMPANY DIVISION
TELEPHONE: (217) 524-8008

JW:LLC

2015
15 MAY 13 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number

0229395-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

EXTRA HANDS SURGICAL SERVICES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 03, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

15 MAY 13 AM 7:52
OFFICE OF STATE
CLERK
SPRINGFIELD, ILLINOIS

FILED



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 23RD
day of APRIL A.D. 2015 .

Jesse White