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COVER LETTER

DIVISI SUBJECT:	TulATVIANS	i 1.6	DRA	Reine	ORTHOPEDIC	SOLUTIONS
SUBJECT: _	JWHI FINS	Nam	e of Limited	Liability Company	ORTHOPEOR	- 30F0110103
The enclosed ". Existence, and	Application by Foreign L check are submitted to re	imited Liab gister the at	vility Compa pove referen	ny for Authorization ced foreign limited	n to Transact Business in liability company to tran	n Florida," Certificate of nsact business in Florida
Please return al	ll correspondence concern	ning this ma	itter to the fo	ollowing:		
		JASO	N WAT	KINS ,		
	В				SOLUTIONS	
	2304	w. F	PARK	ROW STI	ε 5	
	P	ANTE	Go City/Stat	TX 760 e and Zip Code ge or thope	dicsolutions	FILL 15 SEP 22 SEGRETARY TALLANDSSSE
For further info	ormation concerning this	natter, plea	se call:			MAR R
	Jason War	tkins	· ·· ····	at (<u>817</u>)	275 - 030 Daytime Telephone N	O Bri S
Divisi Regisi P.O. E	LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314		STREET Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section		
Enclosed is a	a check for the follow 25.00 Filing Fee \$\Bigci \\$1 C	ing amou 30.00 Filin ertificate of	g Fee &	□ \$155.00 Filing F Certified Copy		ing Fee, Certificate Certified Copy

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



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 JWATKINS LLC (file number 800747096), a Domestic Limited Liability Company (LLC), was filed in this office on December 15, 2006.

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 SeaLof State at my office in Austin, Texas on September 16, 2015.



PULL Carlos H. Cascos Secretary of State

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.	
JWATKINS LLC DBA BRIDGE ORTHOPEDIC S	<u>o</u> lutions
If unavailable, the alternate to be used in the state of Florida is:	
BRIDGE ORTHOPEDIC SOLUTIONS	
2. The name and the Florida street address of the registered agent and office are:	र्ज
Registered Agent Solutions, Inc.	FIL SEP 2
(Name)	LE 22
155 Office Plaza Dr. Suite A	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	် ကို
Tallahassee 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 605, Florida Statutes.

Jaclyn Wright, Asst. Secretary

Signature)

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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. JWATKINS LLC DBA BRIDGE ORTHOPEDIC SOLUTIONS (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. TEXAS (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-805 809 5 (FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2304 W. PARK ROW STE 5
6. 2304 W. PARK ROW STE 5
PANTEGO, TX 76013
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
JASON WATKINS - OWNER
2304 W. PARK ROW STE 5
PANTEGO, TEXAS 76013
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 603.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true 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.)
Tason Watkins Typed or printed name of signee