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J. HARRIS

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то:		istration Section sion of Corporatio	ons				
SUBJE	СТ	EVEREST SPINE	, LLC	. —	 - ·		
Bebel	-1 .		Name of I	Limited Liability C	ompany		
						nsact Business in Florida," Certificate of company to transact business in Florida	
Please re	eturn	all correspondence	concerning this matter to the	following:			
		LISANDRA I	ESTEVEZ				
			N	ame of Person			
		DAVID DI PI	ETRO & ASSOCIATES, P.A	Α.			
	Firm/Company						
		101 NE 3RD	AVENUE, SUITE 1410				
				Address			
			City/S	tate and Zip Code		• • • • • • • • • • • • • • • • • • •	
		LISANDRA@I	DDPALAW.COM				
			E-mail address: (to be used	d for future annual	report not	fication)	
For furt	her in	formation concerni	ng this matter, please call:				
	LIS	ANDRA ESTEVE	Z	954 at (712-307	70	
		Name	of Contact Person	Area Code	Day	time Telephone Number	
	Div Reg P.O	ision of Corporation istration Section . Box 6327 ahassee, FL 32314			Division of Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose		check for the follo 125.00 Filing Fee	wing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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:

, EVEREST SPINE, 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 Liability Company," "L.L.C," or "LLC.")	ne must inclu	ıde "Lim	nited
2 NEW YORK (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 applicable company is organized)	•		
(Date first transacted business in Florida, if prior to registration.)	-		
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 4825 GOODRICH ROAD			
CLARENCE, NEW YORK, 14031	= (c)	2015	g rift to by t
(Street Address of Principal Office) 6. 4825 GOODRICH ROAD		EB	erentumen epigensi i
CLARENCE, NEW YORK, 14031	(A)	9	हीं डी हास्त्राम्य प्राप्त
(Mailing Address)	- :-:		\$ 1.0
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	- 5. 2.	••	
Name: David Di Pietro 3 Associates P.A.	₹r:	<u></u>	
Office Address: 101 NE 3M AVE. Sutt 1410			
Tort Javalraale, Florida 38301	_		
Having been named as registered agent and to accept service of process for the above stated limited liab designated in this application, I hereby accept the appointment as registered agent and agree to act in the to complywith the provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent. (Registered agent's signature)	is capacity.	I furti	her agree
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:			
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having jurisdiction under the law of which it is organized at the certificate is in a foreign language, a translation of the translator must be submitted)			
Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that an submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817	- y false infor 7.155, F.S.	mation	
Typed or printed name of signee	-		

State of New York Department of State } ss:

I hereby certify, that EVEREST SPINE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/06/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 28th day of January two thousand and sixteen.

Executive Deputy Secretary of State

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