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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN 10 10 5:01

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JUN 15 2016

J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 MAY 24 PM 1:44

RECEIVED
TALLAHASSEE, FLORIDA

April 29, 2016

RICHARD J. KIM
4730 SOUTH FORT APACHE ROAD, STE 300
LAS VEGAS, NV 89147

SUBJECT: SURGICAL TRAINING INSTIUTE, LLC
Ref. Number: W16000031923

We have received your document for SURGICAL TRAINING INSTIUTE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 916A00008993

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Surgical Training Institute, 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:

Richard J. Kim

Name of Person

Surgical Training Institute, LLC

Firm/Company

4730 South Fort Apache Road, Suite 300

Address

Las Vegas, NV 89147

City/State and Zip Code

rkim@mobilesti.com

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

For further information concerning this matter, please call:

Richard J. Kim

205

535-0753

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone

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

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TALLAHASSEE, FLORIDA

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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 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:

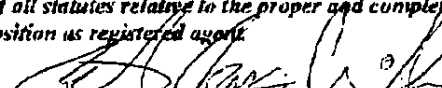
1. Surgical Training Institute, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. State of Nevada 3. 27-1230918
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. February 4, 2013
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 4730 South Fort Apache Road, Suite 300
Las Vegas, NV 89147
(Street Address of Principal Office)
6. P. O. Box 27740
Las Vegas, NV 89126
(Mailing Address)

7. Name and street address of Florida registered agent: (P. O. Box: NOT acceptable)

Name: Robert James Wilson
Office Address: 7123 Goodway Drive
Brooksville, Florida 34602
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

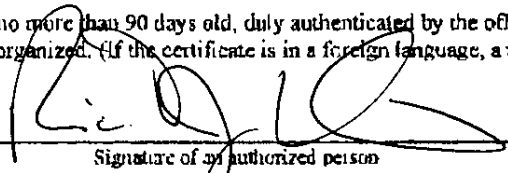
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Richard J. Kim, CFO

4730 South Fort Apache Road, Suite 300

Las Vegas, NV 89147

9. Attached is a 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. (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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Richard J. Kim

Typed or printed name of signer

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2016 JUN 10 P 5:01
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SURGICAL TRAINING INSTITUTE, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 25, 2009, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 10, 2016.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State



Electronic Certificate
Certificate Number: C20160610-1682
You may verify this electronic certificate
online at <http://www.nvsos.gov/>