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## RICK J. W. GRAHAM, P.C.

Attorneys and Counselors Three Forest Plaza 12221 Merit Drive, Suite 160 Dailas, Texas 75251

RICK J. W. GRAHAM (972) 788-5300

FAX: (972) 770-2156 EMAIL: <u>rickjwgraham@hotmail.com</u>

December 14, 2016

Via UPS Overnight Delivery

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Microendoscopic Spine Institute, LLC

Dear Sir or Madam:

Enclosed herewith please find duplicate originals of the following documents for filing:

1. Application by Foreign LLC for Authorization to Transact Business in Florida along with a check in the amount of \$125.00.

Once the documents have been filed, please file-mark and return the documents to the undersigned in the enclosed, self-addressed and stamped envelope and/or via email to rickiwgrahampc@hotmail.com.

Thank you very much for your cooperation. If you have questions regarding the above, please do not hesitate to give me a call.

Very truly yours,

By:

Rick V. W. Graham

RJWG:tm Enclosures

cc: Dr. Andrew Simpson

J:\RJWG\14031\001 General\FL Dept of State filing ltr 1,wpd

# COVER LETTER

AO: Registration Section
Division of Corporations

SUBJECT:	MICROENDOSC	OPIC SPINE INSTITUTE	, LLC				
_		Name of I	Limited Liability	Company			
The enclosed ' Existence, and	"Application by Forei I check are submitted	gn Limited Liability Comp to register the above refere	any for Authorizanced foreign limi	ation to Tra ted liability	unsact Business in Florida,"  company to transact busin	Certificate of ess in Florida	
Please return a	all correspondence con	ncerning this matter to the	following:				
	RICK J.W. GRA	НАМ					
		Na	me of Person		····		
	RICK J.W. GRAHAM, PC						
		Fi	m/Company				
	THREE FOREST PLAZA, 12221 MERIT DRIVE, SUITE 160						
	<del></del>	***************************************	Address				
	DALLAS/TEXA	\$ 75251					
		City/St	ate and Zip Code				
	RICKJWGRAHA!	M@HOTMAIL.COM					
		E-mail address: (to be used	for future annual	report not	fication)		
For further inf	formation concerning (	this matter, please call:					
RICI	K J.W. GRAHAM		972 at (	788-530	00		
	Name of	Contact Person	Area Code	Day	time Telephone Number		
Divis Regis P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314			Division of Registratic Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
Enclosed is a d	-	g amount: □ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir	ıg Fee &	S160.00 Filing Fee, Co of Status & Certified Cop		



# ' 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 RESIDENS. IN THE STATE OF FLORIDA:

COMMITTED TO THE WAY CLD	MINES IN THE STATE OF PROMENT.	
MICROSCOPIC SPINI	E INSTITUTE, LLC	
	eign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
MICROSCOPIC SPINE	E CENTER, LLC	
(If name unavailable, enter al Liability Company," "L.L.C,	Itemate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited " or "LLC.")	
2. TEXAS	3. NOT APPLICABLE	
company is organized)	of which foreign limited liability (FEI number, if applicable)	
4. NOT APPLICABLE		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. THREE FOREST PLA	AZA, 12221 MERIT DRIVE, SUITE 160	
DALLAS, TEXAS 75	5251	
	(Street Address of Principal Office)	
6. THREE FOREST PLA	AZA, 12221 MERIT DRIVE, SUITE 160	
DALLAS, TEXAS 75	5251	-77
	(Mailing Address)	
7 Name and street addres	ss of Florida registered agent: (P.O. Box NOT acceptable)	•
	Gary E. Smith, Gary E. Smith, PC	,
Name: Office Address:	MAZA, 12221 MERIT DRIVE, SUITE 160  (Mailing Address)  See of Florida registered agent: (P.O. Box NOT acceptable)  Gary E. Smith, Gary E. Smith, PC  501 Ft. Pickens Road  Pensacola Beach  Florida  32561	<u> </u>
Office Address:	Pensacola Beach 32561	حرَ
Registered agent's accep	(City) (Zip code)	
Having been named as re designated in this applica to complywith the provision	egistered agent and to accept service of process for the above stated limited liability company at the place ation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agre ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a my position as registered agent.	ee
	(Registered agent's signature)	
8. The name, title or capa	acity and address of the person(s) who has/have authority to manage is/are:	
	ent 2215 Cedar Springs Road, Apt. 1009 Dallas, Texas 75201	
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days old, duly authenticated by the official having custody of records in the of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath submitted)	1
	Signature of an authorized person	
This document is executed submitted in a document to	ed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
	Diak I.W. Gesham	

Typed or printed name of signee

Cornorations Section
13697
A. Texas 78711-3697



Carlos H. Cascos Secretary of State

# 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 MICROENDOSCOPIC SPINE INSTITUTE, LLC (file number 802364029), a Domestic Limited Liability Company (LLC), was filed in this office on January 07, 2016.

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 Seal of State at my office in Austin, Texas on November 10, 2016.



Carlos H. Cascos

Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TTD: 10264 Dial: 7-1-1 for Relay Services Document: 698636010003