1/17000003973

(Re	questor's Name)						
(Ad	dress)						
(Ad	dress)						
(City/State/Zip/Phone #)							
(CII	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nan	ne)					
(Do	cument Number)						
Certified Copies	_ Certificates	of Status					
Special Instructions to	Filing Officer:						
W17-2899	7 title 4	+ Cus					

Office Use Only



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SECRETARY OF STATE

K. SALY MAY 1 0 2017

COVER LETTER

	Registration Section Division of Corporatio	ns				
SUBJEC		AND HEALTH TECHNOLO	OGIES LLC			
		Name of I	Limited Liability (Company		
		reign Limited Liability Comp ed to register the above refere				
Please re	urn all correspondence	concerning this matter to the	following:			
	Odijas Caminh	a				
		Na	ame of Person			
	OGC ASSOCI	ATES PA				
	Firm/Company					
	3275 W Hillsb	oro Blvd., Suite 306				
	· · · · · · · · · · · · · · · · · · ·		Address			
	Deerfield Beac	ch, FL 33442				
		City/St	tate and Zip Code			
	office@ogcass					
		E-mail address: (to be used	l for future annual	report not	ification)	
For furth	r information concernir	ng this matter, please call:				
	Arianne Aguiar		954 at (708 -		
•	Name o	of Contact Person	Arca Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Fallahassee, FL 32314			Division of Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	is a check for the follow ■ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 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 RUSINESS IN THE STATE OF FLORIDA

(Name of Fore	D HEALTH TECHNOLOGIES			
•	eign Limited Liability Company; n	nust include "Limited	Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,	lternate name adopted for the purp	oose of transacting bus	iness in Florida. The alternate na	ne must include "Limited
2. Minnesota		3. 20-460262		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)
4. Upon Filing				
	(Date first transacted bus (See sections 605.0904 & 60	iness in Florida, if prio 05.0905, F.S. to detern	or to registration.) mine penalty liability)	_
5. 5643 NW 74th Avenue		·	• •	7 29
				MINN-8 PH 2: 18 SECRETARY OF STATE TALLAHASSEE, FLORIO
Miami, FL 33166	(Street Address of	of Principal Office)		- 選手
6. 5643 NW 74th Avenue	·	,		TARY B
				F.F. R
Miami, FL 33166	(Mailin	ng Address)	<u>-</u>	- 55
7 33 1 4 4 13 4		•	4 1.1.3	器 6
7. Name and street addres	ss of Florida registered agent: ((P.O. Box NOT acc	eptable)	7
Name:	OGC ASSOCIATES PA			•
Office Address:	3275 W Hillsboro Blvd., Suit	te 306	<u>.</u>	
	Deerfield Beach		, Florida33442	
	(City)		, Florida(Zip code)	_
Registered agent's accep	itance: egistered agent and to accept so	ervice of process for	r the above stated limited liab	ility company at the place
designated in this applica	tion, I hereby accept the appoi	intment as registere	d agent and agree to act in th	is capacity. I further agree
	ons of all statutes relative to th my position as registered agen		lete performance of my dutie.	s, and I am familiar with an
	7			
-pegamono oj (, //			
	LIRE	dstered agent's signatu	ие)	_
	/	,		_
8. The name, title or capa	acity and address of the person(,		_
8. The name, title or capa Ruben Antonio Curbelo	acity and address of the person(,		<u> </u>
8. The name, title or capa Ruben Antonio Curbelo 5643 NW 741k	acity and address of the person((MGR) Avenue	,		
8. The name, title or capa Ruben Antonio Curbelo 5643 NW 74th Miami, FL 331	acity and address of the person((MGR) Avenue 66	(s) who has/have aut	hority to manage is/are:	
8. The name, title or capa Ruben Antonio Curbelo 5643 NW 74th Miami, FL 331 9. Attached is a certificate	acity and address of the person((MGR) Avenue 66 c of existence, no more than 90	(s) who has/have aut	thority to manage is/are:	custody of records in the
8. The name, title or capa Ruben Antonio Curbelo 5643 NW 74th Miami, FL 331 9. Attached is a certificate	acity and address of the person((MGR) Avenue 66 c of existence, no more than 90 of which it is organized. (If the	(s) who has/have aut	thority to manage is/are:	custody of records in the
8. The name, title or capa Ruben Antonio Curbelo 5643 NW 741k Miami, FL 331 9. Attached is a certificate jurisdiction under the law	acity and address of the person((MGR) Avenue 66 c of existence, no more than 90 of which it is organized. (If the	(s) who has/have aut	thority to manage is/are:	custody of records in the
8. The name, title or capa Ruben Antonio Curbelo 5643 NW 741k Miami, FL 331 9. Attached is a certificate jurisdiction under the law	acity and address of the person((MGR) Avenue 66 c of existence, no more than 90 of which it is organized. (If the ubmitted)	(s) who has/have aut	thority to manage is/are:	custody of records in the f the certificate under oath

Typed or printed name of signee

Ruben Antonio Curbelo

State of Minnesota

SECRETARY OF STATE

CERTIFICATE OF OFFICE

I, Ann Kaner-Roth, Deputy Secretary of State of Minnesota, do certify that: The person listed below, whose signature appears on the attached document, held the office set forth below and that the person was duly qualified and empowered to hold that office and to perform all of the functions of that office on the date the attached document was signed.

NAME OF SIGNING PERSON: Steve Simon

OFFICE HELD: Secretary of State, State of Minnesota

DATE DOCUMENT WAS SIGNED: March 20, 2017

This certificate has been issued on: April 26, 2017

an Kan-Roh Ann Kaner-Roth

Deputy Secretary of State



Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

Globus Sport and Health Technologies LLC

Date Filed:

04/13/2006

File Number:

1801479-2

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

03/20/2017



Oteve Vimm

Steve Simon

Secretary of State State of Minnesota



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 5, 2017

ODIJAS CAMINHA OGC ASSOCIATES P.A. 3275 W HILLSBORO BLVD, STE. 306 DEERFIELD BEACH, FL 33442

SUBJECT: GLOBUS SPORT AND HEALTH TECHNOLOGIES LLC

Ref. Number: W17000028997

We have received your document for GLOBUS SPORT AND HEALTH TECHNOLOGIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Karen A Saly Regulatory Specialist II

Letter Number: 417A00006577