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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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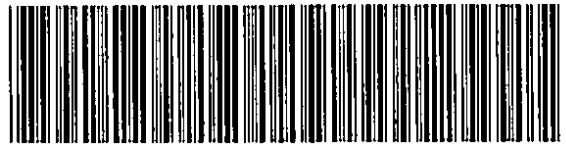
(Business Entity Name)

(Document Number)

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J. LEGGETT  
MAY 08 2018

**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT: **MIDWEST NEUROMONITORING ASSOCIATES PLLC**

\_\_\_\_\_  
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:

**MICHELLE FUNN**

\_\_\_\_\_  
Name of Person

**NUVASIVE CLINICAL SERVICES MONITORING, INC.**

\_\_\_\_\_  
Firm/Company

**10275 LITTLE PATUXENT PKWY., #300**

\_\_\_\_\_  
Address

**COLUMBIA, MD 21044**

\_\_\_\_\_  
City/State and Zip Code

**tax@nuvasive.com**

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

For further information concerning this matter, please call:

**Michelle Funn**

**443**

**393-8831**

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MIDWEST NEUROMONITORING ASSOCIATES PLLC, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

2. MIDWEST NEUROMONITORING ASSOCIATES PLLC, 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.")

3. MICHIGAN 3. 273606873  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10275 LITTLE PATUXENT PKWY, #300  
(Street Address of Principal Office)  
COLUMBIA, MD 21044

6. 10275 LITTLE PATUXENT PKWY., #300  
(Mailing Address)  
COLUMBIA, MD 21044

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301  
(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.

Jeremy Seims, Asst. Sec. of Cogency Global Inc.  
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>XXXXXX</u> <u>XXXXXX</u> President	<u>Soe Aung</u> <u>10275 LITTLE PATUXENT PKWY, #300</u> <u>COLUMBIA, MD 21044</u>		

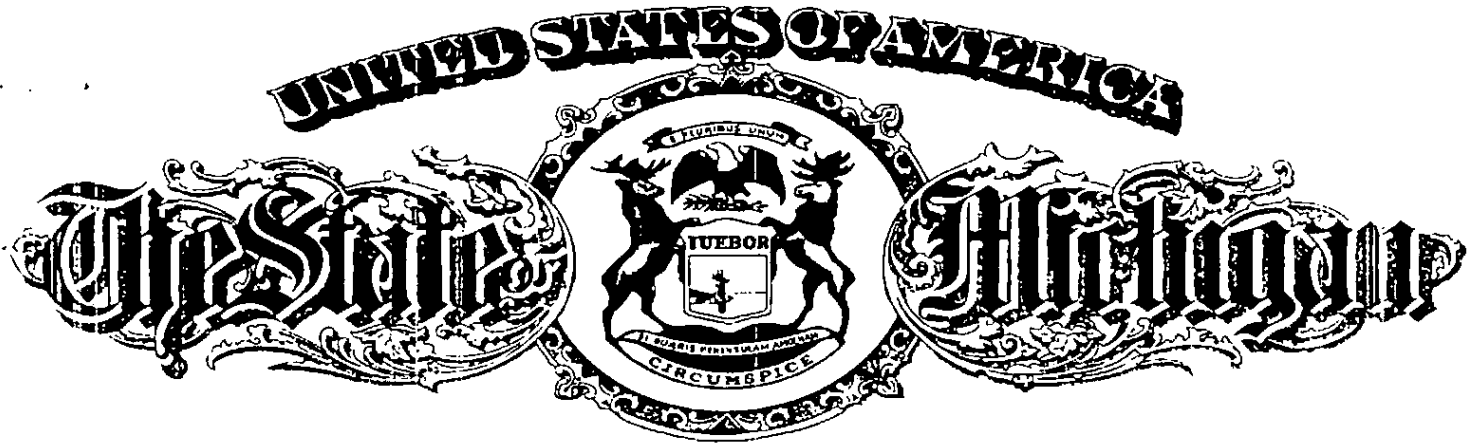
(Use attachments if necessary)

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)

10. 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.

Signature of an authorized person

Typed or printed name of signer



**Department of Licensing and Regulatory Affairs**

**Lansing, Michigan**

*This is to Certify That*

**MIDWEST NEUROMONITORING ASSOCIATES, PLLC**

*was validly authorized on October 4, 2010, as a Michigan DOMESTIC PROFESSIONAL LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 5th day of February, 2018.*

*Julia Dale, Director*

*Corporations, Securities & Commercial Licensing Bureau*

*Sent by electronic transmission*

Certificate Number: 18023128650