M1800005030

(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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ALL ABASSET FLORIDA

B FIGUEROA MAY 25 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 228493 7889A

AUTHORIZATION : Soul Belling

COST LIMIT : \$ 125.00

ORDER DATE: May 23, 2018

ORDER DATE : May 25, 2010

ORDER TIME : 9:28 AM

ORDER NO. : 228493-005

CUSTOMER NO: 7889A

FOREIGN FILINGS

NAME: TCFII SPINE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

то:	Registration Section Division of Corporati	ons				
SUBJE	TCFII Spine LLC					
	·	Name o	f Limited Liability Compan	у		
The en-	closed "Application by Foce, and check are submit	oreign Limited Liability Con ted to register the above refe	npany for Authorization to renced foreign limited liabi	Transact Business in Florida," Certificate of lity company to transact business in Florida.		
Please	return all correspondence	concerning this matter to th	e following:			
	Kathy Landic	ho				
		ì	Name of Person			
	Offit Kurman	, P.A.				
Firm/Company						
	8171 Maple L	8171 Maple Lawn Blvd., Suite 200				
Address						
	Fulton, MD 20759					
City/State and Zip Code						
	drdfeder@sfpr.b	oiz				
		E-mail address: (to be use	d for future annual report n	otification)		
For furt	her information concerni	ng this matter, please call:				
	Kathy Landicho		301 575-0 at ()	303		
	Name (of Contact Person	Area Code Di	aytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divisio Registra Clifton 2661 Ex	or ADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301			
Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 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:

The second section of the second seco	same adopted for the purpose of transacting business in Flora	a. The afternate name must include "Lumited Liability	y Company," "LL C," or "LI	.c)
. Delawar c		3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number,	if applicable)	_
N/A				
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration) penalty hability)		
1725 N. University Dr		6. 6001 Broken Sound Parkway,	NW	
(Street Address of F		(Mailing Address		-
Suite 325		Suite 630		
Coral Springs, FL 3301	71	Boca Raton, FL 33487	2010	_
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	NATE OF THE PARTY	
Name:	Corporation Service Company		(2) 2	7
0.00	1201 Hays Street			,
Office Address:		,	AM 11: 37 UITS FATA ELFT ORIF	l T
	Tallahassec (Cn ₃)	Florida 32301 (Zip code)	MIL: 3	*
egistered agent's accept	tance:	, ,	2° 3	
	1/ 1/ 1/ 1/ 11 11 11 1/ / /		Acet Mica	Pro
	(Registered agent's sig	LLL NLL	Asst. Vice	Pre
The name, title or capa	,		Asst. Vice	Pre
The name, title or capa <u>Title or Capacity:</u>	city and address of the person(s) who has/	have authority to manage is/are:	Asst. Vice	Pre
	city and address of the person(s) who has/	have authority to manage is/are:		Pre
Title or Capacity:	city and address of the person(s) who has/ Name and Address: Daniel Feder 1103 Banks Road	have authority to manage is/are:		Pre
Title or Capacity:	city and address of the person(s) who has/ Name and Address: Daniel Feder	have authority to manage is/are:		Pre
Title or Capacity:	city and address of the person(s) who has/ Name and Address: Daniel Feder 1103 Banks Road	have authority to manage is/are:		Pre
Title or Capacity:	city and address of the person(s) who has/ Name and Address: Daniel Feder 1103 Banks Road	have authority to manage is/are:		Pre
Title or Capacity:	city and address of the person(s) who has/ Name and Address: Daniel Feder 1103 Banks Road	have authority to manage is/are:		Pre
Title or Capacity:	city and address of the person(s) who has/ Name and Address: Daniel Feder 1103 Banks Road Margate, FL 33063	have authority to manage is/are:		Pre
Title or Capacity: Manager Jse attachments if necess	city and address of the person(s) who has/ Name and Address: Daniel Feder 1103 Banks Road Margate FL 33063	have authority to manage is/are: Title or Capacity:	ame and Address:	
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Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TCFII SPINE LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TCFII SPINE LLC"

WAS FORMED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202755839

Date: 05-23-18

6848322 8300 SR# 20184245226

THE TWENTY-THIRD DAY OF MAY, A.D. 2018.