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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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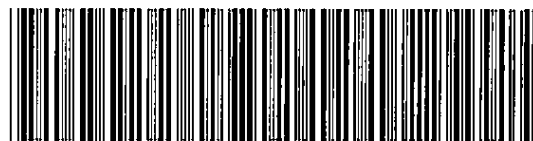
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. BRUCE
OCT 18 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Converge Medical Technology, 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:

Randy Lubinsky

Name of Person

Converge Medical Technology, LLC

Firm/Company

1180 Spring Centre South Blvd., Suite 340

Address

Altamonte Springs, FL 32714

City/State and Zip Code

lubinskyrandy@gmail.com

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

For further information concerning this matter, please call:

Nick Davis

407

408-6562

at (_____) _____

Name of Contact Person

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
JUN 10 2008

**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. Converge Medical Technology, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
CMT, 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. Delaware 3. 83-1809918
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. January 1, 2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1180 Spring Centre South Blvd 6. 1180 Spring Centre South Blvd
(Street Address of Principal Office) (Mailing Address)
Suite 340
Altamonte Springs, FL 32714

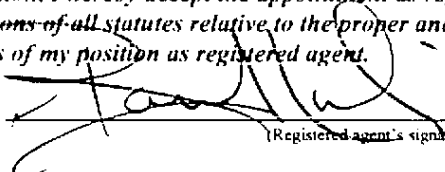
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Randy Lubinsky

Office Address: 1180 Spring Centre South Blvd. Suite 340
Altamonte Springs, Florida 32714
(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)

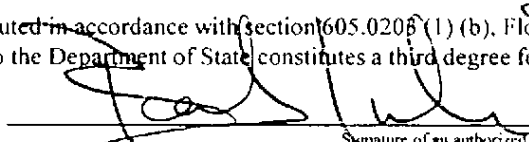
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---------------------------|--|---------------------------|---|
| <u>Manag</u> | <u>Marc Cortez</u> <u>See attached</u> | <u>Manag</u> | <u>DeEtte Feurtado</u> <u>See attached</u> |
| <u>Mang</u> | <u>Randy Lubinsky</u> <u>See attached</u> | <u>Manag</u> | <u>Lucas Dinga</u> <u>See attached</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 605.0208(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
RANDY Lubinsky
Typed or printed name of signer

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

(Continuous sheet)

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

Board Manager

Randy Lubinsky
1180 Spring Centre South Blvd. Suite 340
Altamonte Springs, FL 32714

Board Manager

Marc Cortez
1180 Spring Centre South Blvd. Suite 340
Altamonte Springs, FL 32714

Board Manager

Lucas Dinga
1180 Spring Centre South Blvd. Suite 340
Altamonte Springs, FL 32714

Board Manager

DeEtte Feurtado
1180 Spring Centre South Blvd. Suite 340
Altamonte Springs, FL 32714

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CONVERGE MEDICAL TECHNOLOGY, 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 THE ELEVENTH DAY OF SEPTEMBER, A.D. 2019.



7043467 8300

SR# 20196848412

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203575789

Date: 09-11-19