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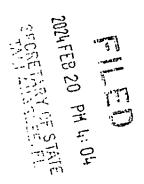
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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	STAT SURGICAL SUPPLY, LLC		
SODJEC		of Limited Liability Company	
		ompany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida	
Please re	eturn all correspondence concerning this matter to	the following:	
	LOUISA MARTIN		
		Name of Person	
	FORBUSH LEGAL, PLLC		
	Firm/Company		
	902 S. WEBER STREET		
	Address COLORADO SPRINGS, CO 80903		
	City	y/State and Zip Code	
	LOUISA@FORBUSHLEGAL.COM		
	E-mail address: (to be u	used for future annual report notification)	
For furth	er information concerning this matter, please call:		
LOUISA MARTIN		719 473-6654 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
	Mailing Address:	Street Address:	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA \$\Boxed{\omega}\$\$ \$125.00 Filing Fee \$\Boxed{\omega}\$\$ \$130.00 Filing Fee \$\Omega\$\$ Certificate of	& 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate	

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

IN COMPLIANCE WITH SECTION 0650902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISIER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

STAT SURGICAL (Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC,")
name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.
WYOMING		3 92-2106817
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEF number, if applicable)
	(Date first transacted business in Florida, if prior to re (See sections 605 0004 & 605,0005, F.S. to determin	e penalty liability)
	ILEY DRIVE	6. Mailing Address)
eet Address of Principal Office)		(Mailing Address)
SUITE 600		SUITE 600
TAMPA, FLOR	IDA 33602	TAMPA, FLORIDA 33602
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)
Name:	Registered Agents Inc	
Office Address:	7901 4th St N STE 300	2024 FT SECR 17.1.
	St. Petersburg	Florida 33702 (Zipcode)
	(City)	(/ipcode)
gistered agent's acception of the second sec	gistered agent and to accept service of pi	rocess for the above stated limited liability company of the registered agent and agree to act in this capacity. I further
signated in this applica comply with the provis	ions of all statutes relative to the proper of s of my position as registered agent.	and complete performance of my duties, and r am familiar
signated in this applica comply with the provis		ana complete perjormance of my auties, and r am familiar

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

STAT SURGICAL SUPPLY, LLC

is a

Limited Liability Company

did on **November 28, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001367186**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of February, 2024 at 9:10 AM. This certificate is assigned ID Number 069279133.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.