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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 : (407)841-1200 Phone Fax Number : (407)423-1831

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: marty@krytus.com

### Foreign Limited Liability Company SPINE MOTION DX II LLC

Certificate of Status	0
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Page: 2 of 4

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# 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 LIABILIA COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate (	name adopted for the purpose of transacting business in Fl	orkia. The alterna	e name must include	e "Limited Liability Comp	any," "L.L.C," or "Lt
Wyoming  (Junisdiction under the law of which foreign limited liability company is organized)		99-1169477 3. (FEI number, if applicable)			
		(FEI number, if applicable)			
2024					
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty liability	у)		
Street Address of Principal Office)		6	(Mailing Address)	····	·····
101 N. Woodland Blvd., Suite 210		101	01 N. Woodland Blvd., Suite 210		
Deland, FL 32720 Deland		and, FL 32720	)		
Name and street addres	s of Florida registered agent: (P.O. Box	NOT accep	table)		_
Name:	Dean Mead Services, LLC		_		- AVH 4707
Office Address:	420 S. Orange Avenue, Suite 700		_		_
	Orlando		 3 , Florida	2801	PH 4:
	(City)		<del></del>	(Zm code)	<b>C1</b>

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 agre 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.

Michael Hubal

2000001gti Cityalopa (U. 16080005-0610-4540-6105-100068062400

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized t manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: Marty Krytus	□Manager	Name:	
■Member	Address:	□Member	Address:	
□Authorized	Suite 210	□Authorized		
Person	Deland, FL 32720	Person		
□Other	Other	Other	<del></del>	□Other
☐ Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
☐Authorized		□Authorized		
Person		Person		
□ Other	Other	□ Other		□Other
	Name:	□Manager	Name:	<u></u>
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

Mart Kratus		
- 2139CAU1F 90Ax2A	Signature of an authorized person	
Marty Krytus		(((1124000150024 2)))
	Typed or printed name of signor	<del>(((H2400</del> 0158934 3)))

Typed or printed name of signoc

Page: 4 of 4

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# 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,

## Spine Motion DX II LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **February 10, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001408415**.

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 1st day of May, 2024 at 7:50 AM. This certificate is assigned ID Number 072341322.



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.

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