

M25 000000 1192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

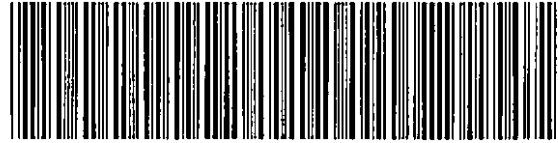
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2025 JAN 10 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RECON SPINE LLC, DBA RECON SUPPLY

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:

KATY CLARK

Name of Person

RECON SPINE LLC

Firm/Company

5 SMOKEY RIDGE CT

Address

ST. CHARLES, MO 63304

City/State and Zip Code

KATY@RECON-SUPPLY.COM

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

For further information concerning this matter, please call:

KATY CLARK

314
at ()

610-2334

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. RECON SPINE LLC, DBA RECON SUPPLY
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. MISSOURI 47-3985748
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/15/2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5 SMOKEY RIDGE CT 5 SMOKEY RIDGE CT
(Street Address of Principal Office) (Mailing Address)

ST. CHARLES, MO 63304 ST. CHARLES, MO 63304

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

Name: REGISTERED AGENTS INC

Office Address: 7901 4TH ST N STE 300

ST. PETERSBURG, Florida 33702
(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.

David Roberts
(Registered agent's signature)

FILED
2025 JAN 10 AM 11:57
CLERK OF STATE
TALLAHASSEE, FL

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

Title or Capacity: **Name and Address:**

☐ Manager Name: STEVE CLARK

☒ Member Address: 5 SMOKEY RIDGE CT

☐ Authorized ST. CHARLES, MO 63304

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: CASEY STRICKLAND

☒ Member Address: 2 RED HOLLY WAY

☐ Authorized TRAVELERS REST, SC 29690

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: MED28 GROUP LLC

☒ Member Address: 12941 S MICKELSEN PL

☐ Authorized DRAPER UT 84020

Person BRECK HUGHES

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: KATHRYN CLARK

☒ Member Address: 5 SMOKEY RIDGE CT.

☐ Authorized ST. CHARLES, MO 63304

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: LUX VENTURES INC

☒ Member Address: 6818 W 10150 N

☐ Authorized HIGHLAND UT 84003

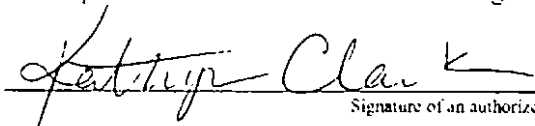
Person DAMIAN WEISS

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.



Signature of an authorized person

KATHRYN CLARK

Typed or printed name of signee

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

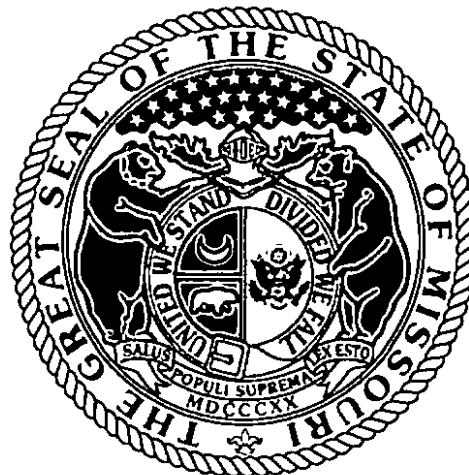
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Recon Spine LLC
LC001445545

was created under the laws of this State on the 1st day of May, 2015, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 7th day of August, 2023.


Secretary of State



Certification Number: CERT-08072023-0068