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(Requestor's Name)

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(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 AUG 26 AM 11:31
TO: FILING OFFICE
SUPPORTING DOCUMENTS

FILED
2015 AUG 26 A 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 27 2015

S MASON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 758093 4340120

AUTHORIZATION :

Spuddean

COST LIMIT : \$ 78.75

ORDER DATE : August 24, 2015

ORDER TIME : 3:53 PM

ORDER NO. : 758093-005

CUSTOMER NO: 4340120

FOREIGN FILINGS

NAME: TELEFLEX MEDICAL
INCORPORATED

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Teleflex Medical Incorporated

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robin E. Seifert

_____ Name of Person
Teleflex
_____ Firm/Company
550 E. Swedesford Road
_____ Address
Wayne, PA 19087
_____ City/State and Zip code
robin.seifert@teleflex.com
_____ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ Name of Person	at (_____) _____ Area Code Daytime Telephone Number
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STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Teleflex Medical Incorporated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 95-1867330
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/01/1955 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. TM) engages in interstate commerce and does not "transact business" as defined in Section 607.1501. Application being filed solely due to registered agent requirement of FL Board of Professional Regulation in connection with Out-of-State Prescription Drug Wholesale Distributor License

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3015 Carrington Mill Boulevard, Morrisville, NC 27560
(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation 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.

Corporation Service Company
By: [Signature] Melissa Zender
(Registered agent's signature) Asst. Vice President

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: None
Address: _____

Vice Chairman: None
Address: _____

Director: Liam John Kelly
Address: 550 E. Swedesford Road
Wayne, PA 19087

Director: John Robert Deren
Address: 550 E. Swedesford Road
Wayne, PA 19087

B. OFFICERS

President: Liam John Kelly
Address: 550 E. Swedesford Road
Wayne, PA 19087

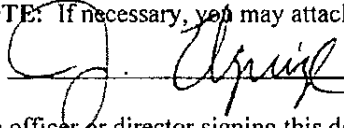
Vice President: John Robert Deren
Address: 550 E. Swedesford Road
Wayne, PA 19087

Secretary: James Joseph Leyden
Address: 550 E. Swedeford Road, Wayne, PA 19087

Treasurer: Jake Elguicze
Address: 550 E. Swedesford Road, Wayne, PA 19087

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. JAKE ELGUICZE, TREASURER
(Typed or printed name and capacity of person signing application)

OFFICERS OF TELEFLEX MEDICAL INCORPORATED

OFFICERS/DIRECTORS	TITLE
Liam John Kelly Liam.kelly@teleflex.com **Director	President
John Robert Deren john.deren@teleflex.com **Director	Vice President
Gregg Wayne Winter gregg.winter@teleflex.com	Vice President
Jake Elguicze jake.elguicze@teleflex.com **Director	Vice President & Treasurer
James Joseph Leyden james.leyden@teleflex.com	Secretary

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J. LAHASSSEF, FLORIDA

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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

TELEFLEX MEDICAL INCORPORATED

FILE NUMBER: C0308527
FORMATION DATE: 09/01/1955
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of August 25, 2015.

A handwritten signature in black ink, appearing to read 'Alex Padilla', is written over the printed name.

ALEX PADILLA
Secretary of State