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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number

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

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FOREIGN PROFIT/NONPROFIT CORPORATION Render Medical Inc.

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3506176383 Page: 3 of 5 2021-02-22 11:40:15 CST 19542080845 From: Ranae McGraw

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.

Render Medical I	lne.	<u> </u>
	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
N/A		
(If name unavailal	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
Delaware	3	84-4016887
1241312010	3. under the law of which it is incorporated)	NUA
4. (Date	of incorporation) 5.	(Date of duration, if other than perpetual)
N/A 6.		
5555 Harrisburg la	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1 and Pk Dr. Harrisburg NC 28075	n Florida, if prior to registration) 502, F.S., to determine penalty liability)
/	(Princip	pal office address)
same as principal	office address	
	(Current maili	ng address, if different)
8. Name and street Name:	t address of Florida registered agent: (P.C C T Corporation System	
Office Address:	1200 South Pine Island Road	
Office Address.	Plantation,	
	(City)	(Zip code)
designated in this further agree to co	ed as registered agent and to accept serv application, I hereby accept the appoint	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my of my position as registered agent.
	CT Corporation Syst	
Ву	:	CYUMHINI VOIL Assistant Secretary
	· · · · · · · · · · · · · · · · · · ·	agent's signature)

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.

0303	Page: 4 01 3	2021-02-22 11.40.13 CS1	19342080043	FIOTIL INDIGE IV
				FILED CONTREBEZ PASS
	and business addresses of off	icers and/or directors:		4021 FEB DO
. DIREC	TORS		ī	RECATING TO AND,
hairman: _				SEATING TO THE PARTY OF THE PAR
vddress:				
ice Chairm	an:	<u>,</u>		
)irector:				
cucioss,				
Address:				
resident: _ 2:	Christopher Sweeney	Chicago, IL 60611		
– Vice Presido	Kathleen Ossman		<u> </u>	
	22 East Pearson Street, Apt 2501	Chicago, IL 60611		
ecretary:	Kathleen Ossman			
	22 East Pearson Street, Apt 2501	Chicago, 1L 60611	- · · · · ·	-
	Adam Johnson			
_	826 Highgrove Place, Concord.	IC 28027		
	necessary, you may alter an	addendum to the application listing	additional officers and	For directors.
12	1	Siana (Diana a OC)		
are true and a third degr	that he or she is aware that free felony as provided for in s	Signature of Director or Officer nent (and who is listed in number 1 also information submitted in a doc 817.155, F.S.	l above) affirms that th ument to the Departmen	e facts stated herein at of State constitutes
_ Adam	Johnson, Treasurer			

(Typed or printed name and capacity of person signing application)



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RENDER MEDICAL INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.





Authentication: 202503138

Date: 02-12-21

7730500 8300 SR# 20210440039

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