M05000004625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

900162608889

11/09/09--01049--013 **60.00

T. CLINE

NOV 10 2009

EXAMINER

FILED
2009 NOV -9 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M05-4625

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOERNS LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBBIE DIEKELMAN
Name of Person

JOERNS HEALTHCARE INC.
Firm/Company

5001 Joerns Drive
Address

STEVENS POINT, WI 54481
City/State and Zip Code

DEBBIE.DIEKELMAN@JOERNS.COM
E-mail address: (to be used for future annual report notification)

FILED
2009 NOV -9 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DEBBIE DIEKELMAN at (715) 342-7112
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee
☐ $30 Filing Fee & Certificate of Status
☐ $55 Filing Fee & Certified Copy
☒ $60 Filing Fee, Certificate of Status & Certified Copy

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

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: TRILINE MEDICAL LLC

2. Jurisdiction of its organization: CALIFORNIA

3. Date authorized to do business in Florida: 2-15-2005

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 2-15-2008

5. New name of the limited liability company: JOERNS LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Debbie Diekelman
Signature of a member or the authorized representative of a member

DEBBIE DIEKELMAN
Typed or printed name of signee

Filing Fee: $25.00

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: JOERNS LLC

FILE NUMBER:	199804210046
FORMATION DATE:	02/11/1998
TYPE:	DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, 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 October 27, 2009

Debra Bowen

DEBRA BOWEN
Secretary of State