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(F	Requestor's Name)	
(F	Address)	
(F	Address)	
(0	City/State/Zip/Phone #)	
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	Document Number)	
Certified Copies	Certificates of St	atus
Special Instructions t	o Filing Officer:	:
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J. SAULSBERRY EXAMINER DEC 27 2012

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Medtronic Logistics LLC

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:	, iii i i0i
Kathy Osteraas Name of Person	
c/o Birchpond Corporate Services LLC	
Firm/Company	
3602 Birchpond Road	
Address Address 25 27 27 27 27 27 27 27 27 27 27 27 27 27	
Eagan, MN 55122	1
City/State and Zip Code	
Mary. jo. j. Holupchinski @ Medtronic . Color & Email address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kathy Osteraas 612 701-9562	
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\text{\$\subset\$ \$\subseteq\$ \$\subse	

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

IN COMPLIANCE WITH SECTION 608503. FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1 Medtronic Logistics LLC	
(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 consent of the managers or managing members adopting the alternate name. The alternate name mu Company," "L.L.C," "LLC.")	
₂ Minnesota ₃ 46-1020994	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if a	pplicable)
4. 09/18/2012 5. Perpetual	
(Date of Organization) (Duration: Year limited liabili exist or "perpetual")	ty company will cease to
_{6.} 12/17/2012	₩ 2
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 710 Medtronic Parkway	7 III
Minneapolis, MN 55432	
(Street Address of Principal Office)	25 &
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers	are as follows:
Gary L. Ellis, Philip J. Albert, Douglas A.Hoekstra, Keyna	P. Skeffington.
all Managers located at 710 Medtronic Parkway, Minneap	Olis, WIN 55432.
	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate translation of the certificate under oath of the translation must be submitted.)	- -
11. Nature of business or purposes to be conducted or promoted in Florida:	
Distribution of medical devices.	
asse Mi Hebell	
Signature of a member of an authorized representative of a r	
(In accordance with section 608.408(3) 5.5., the execution of this document constitutes an a penalties of perjury that the facts stated herein are true. I am aware that any false inform	ation submitted in a
document to the Department of State constitutes a third degree felony as provided Anne M. Ziehell	tor in s.817.155, F.S.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
Medtronic Logistics LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	7. 2	
CT Corporation System		7
(Name)	2012 DEC 20 SEURÉTARY ALLAHASSI	
1200 South Pine Island Road	YOU S	in C
Florida Street Address (P.O. Box NOT ACCEPTABLE)	ORIE -	L
Plantation _{FL} 33324		
City/State/Zip		

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Michele Miller Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

Medtronic Logisitics LLC

Date Filed:

09/18/2012

File Number:

618784400037

Minnesota Statutes, Chapter:

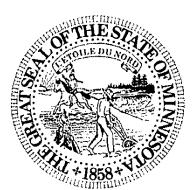
322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

12/17/2012



Mark Ritchie
Mark Ritchie

Secretary of State State of Minnesota SECRETARY OF STATE
TALLAHASSEF, FEORIDA

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