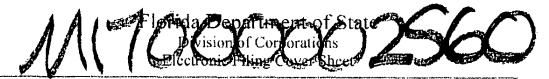
3/24/2017

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

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Foreign Limited Liability Company Straumann USA, LLC

Certificate of Status	0
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D. SCOTT MAR 2 7 2017

COVER LETTER

TO: Registration Section Division of Corporat	tions	•	
SUBJECT: STRAUMANN I	JSA, LLC Hamis of	Linited Liability Company	
			ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return all correspondence	ce concerning this matter to the	following:	
	Adam L	Daly	
	N	ame of Ferson	
	Straumann	MSA, LL	<u> </u>
60	Minuteman	s Rd.	
		Address	
	Andover	MA 0181 tate and Zip Code	10 -0 =
			1 73 75 77
M.che	11e . S y kes @ S3 E-mail address: (to be used	raumann. Con	9 三三
For further information concern		i for hiture annual report no	
	7		E FLOR
N.T.	- F.G	_ at () Area Code Day	
Nam	e of Contact Person	Area Code Day	time Telephone Number
MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ons	Division Registrat Clifton E 2661 Exc	r ADDRESS: of Corporations ion Section utilding ecutive Center Circle see, FL 32301
England to a keek 6 on 600	·	i alianas:	900, 1 IJ 7230 I
Enclosed is a check for the follows \$125.00 Filing Fee		□ \$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 605.09(2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

COMPANYTOTRANSACT B	USINESS IN THE STATE OF FLORE	TDA:		
1. STRAUMANN USA, I	LLC cign Limited Liability Company; r			
(Martic Of Lot	eigh Chinicu Clabinty Company; r	nusi include "Limited Lia	bility Company," "L.L.C.," o	r "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C.	dternate name adopted for the purp	ose of transacting busines	s in Florida. The alternate na	me must include "Limited
2. Delaware		3. 04-3068495		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable	:)
4 Upon Qualification				
4, <u></u>	(Date first transacted bus (See sections 605.0904 & 60	iness in Florida, if prior to	registration.)	
- COM:		05.0905, F.S. to determine	e penalty liability)	
5. 60 Minuteman Rd, An	dover, MA 01810			_
		3		
	(Street Address o	of Principal Office)	· · · · · · · · · · · · · · · · · · ·	
6.00 M.	inuteman Rd.	HNdover,	MA 01810	
				TASE SE
	(Muilin	g Address)		七号三十
7 Name and street address	ss of Florida registered agent: (DO Boy NOT accent	ahla)	
Italie and sites dudies		(F.O. Box NOT accept	aule)	8月7月
Name:	CT Corporation System		-	Ha PO
Office Address:	1200 South Pine Island Road			一一一
	Mantagan			
	Plantation (City)		, Florida 33324 (Zip code)	- 夏和 二
Registered agent's accep	tance:		(,
Having been named as re	egistered agent and to accept se ition, I hereby accept the appoi	ervice of process for the	e above stated ilmited liab	llity company at the place
to complywith the provisi	ons of all statutes relative to th	e proper and complete	performance of my dutie	s, and I am familiar with and
accept the obligations of i	my position as registered agent	1,	Jenifer Vi	
	By: Kelden In	Corporation System	assistant s	recketaky
	(Reg	istered agent's signature)	assistants Evice	resident
8. The name, title or cana	acity and address of the person(e) who bas/have author	,	
		Managan	ny to manage istate.	
Oumaune Damenot, 60 F	Minuteman Rd, Andover, MA 0	1010		
Andreas Meier, 60 Minute	eman Rd, Andover, MA 01810	Manager	<u> </u>	
Peter Hackel, 60 Minuter	nan Rd, Andover, MA 01810	Manager		
0.11.1.	4			
	of existence, no more than 90 of which it is organized. (If the			
of the translator must be su		economicate is in a north	n tanguage, a translation o	t the continuate under out
	Al F	7		,
	Signatur	re of an authorized person	· 	
This document is avanuted	in accordance with section 605			v false information
	the Department of State consti			
	Adam Daly			

Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "STRAUMANN USA, LLC" IS DULY FORMED

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

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-FIRST DAY OF MARCH, A.D. 2017.

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



2209928 8300

SR# 20171897825

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

)

Authentication: 202236078

Date: 03-21-17