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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE MAR 14 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Tactile Systems Technology, Inc.
(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," 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:

Sunday Hoy

(Name of Person)

Tactile Systems Technology, Inc.

(Firm/Company)

4824 Park Glen Rd

(Address)

Minneapolis, MN 55416

(City/State and Zip code)

For further information concerning this matter, please call:

Julie Oberle

(Name of Person)

at (952) 224-4279

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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. **Tactile Systems Technology, Inc.**

(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. **Delaware**

(State or country under the law of which it is incorporated)

3. **41-1801204**

(FEI number, if applicable)

4. **7/21/2006**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

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

7. **4824 Park Glen Rd Minneapolis, MN 55416**

(Principal office address)

(Current mailing address)

8. **Sales of the Flexitouch Lymphedema System**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: **Chantal Dion**

Office Address: **5224 N.W. 64th Blvd**

Gainesville

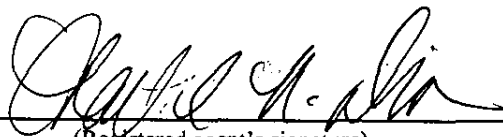
(City)

, Florida **32653**

(Zip code)

10. **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.



(Registered agent's signature)

11. 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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Doug Johnson

Address: 6474 Murray Hill Rd
Excelsior, MN 55331

Vice Chairman: Irene Waldrige

Address: 4824 Park Glen Rd
Minneapolis, MN 55416

Director: Dan Janisch

Address: 13928 Drommond Trail
Apple Valley, MN 55124

Director: Kevin Roche

Address: 6800 Dakota Trail
Edina, MN 55439

B. OFFICERS

President: Gerald Mattys

Address: 4824 Park Glen Rd
Minneapolis, MN 55416

Vice President: _____

Address: _____

Secretary: Andrew Humphrey

Address: 90 South Seventh St Minneapolis, MN 55402

Treasurer: _____

Address: _____

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

13. Irene Waldrige

(Signature of Director or Officer listed in number 12 of the application)

14. Irene Waldrige Vice President of Product Strategy

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

Vice Chairman of The Board

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TACTILE SYSTEMS TECHNOLOGY, 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TACTILE SYSTEMS TECHNOLOGY, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5438124

DATE: 02-16-07