

8.
F01000005584

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE FEMALE HEALTH COMPANY, 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:

JACK WEISSMAN

(Name of Person)

THE FEMALE HEALTH COMPANY, INC.

(Firm/Company)

515 NORTH STATE STREET SUITE 2225

(Address)

CHICAGO, IL 60610

(City/State and Zip code)

900004625129--5
-10/05/01--01061--001
*****87.50 *****87.50

W01-23308

For further information concerning this matter, please call:

JACK WEISSMAN

(Name of Person)

at (312) 595 9123

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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01 OCT 26 PM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
- 10/26



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 8, 2001

JACK WEISSMAN
515 NORTH STATE ST., STE 2225
CHICAGO, IL 60610

SUBJECT: THE FEMALE HEALTH COMPANY, INC.
Ref. Number: W01000023308

We have received your document for THE FEMALE HEALTH COMPANY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays

01 OCT 26 PM 11:40

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Document Specialist

Letter Number: 101A00056128

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 16, 2001

JACK WEISSMAN
515 NORTH STATE ST., STE 2225
CHICAGO, IL 60610

SUBJECT: THE FEMALE HEALTH COMPANY, INC.
Ref. Number: W01000023308

We have received your document for THE FEMALE HEALTH COMPANY, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$4600.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays
Document Specialist

Letter Number: 001A00057211

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THE FEMALE HEALTH COMPANY



515 North State Street
Suite 2225
Chicago, Illinois 60610

312.595.9123 • FAX 312.595.9122
www.femalehealth.com

October 23, 2001

Ref. # W01000023308

Mr. Michael Mays
Document Specialist
Division of Corporations
Florida Department of State
409 E. Gaines Street
Tallahassee, FL 32399

letter # 001A00057211

Dear Mr. Mays,

Per our recent telephone conversation, the Florida Statutes sections 607.1501- 607.1532 you so kindly submitted to me were reviewed. We noted a couple of exclusions as it pertains to our desire to transact business in Florida:

(f) Soliciting or obtaining orders, whether by mail or through employees, agents, or otherwise, if the orders require acceptance outside this state before they become contracts.

(i) Transacting business in interstate commerce.

If I need to provide any further information please contact me.

The Female Health Company is pleased it can make a difference in Florida's HIV/STD prevention programs.

Thank you for your consideration,

With kindest regards,

Jack Weissman
Vice President

01 OCT 26 PM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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. THE FEMALE HEALTH COMPANY, INCORPORATED
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. WISCONSIN 3. 98-0233211
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. FEB 4, 1971 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NOV '97
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 515 NORTH STATE ST. SUITE 225 CHICAGO, IL 60610
(Principal office address)
515 NORTH STATE ST. SUITE 225 CHICAGO, IL 60610
(Current mailing address)
8. DISTRIBUTE FEMALE CONDOM
(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 or Mail Drop Box NOT acceptable)

Name:

NOT APPLICABLE C.T. CORPORATION

Office Address:

1200 SOUTH PINE ISLAND RD.

PLANTATION

(City)

, Florida

33324

(Zip code)

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TALLAHASSEE, FLORIDA

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.



Christine M. Eastwine
Assistant Secretary

(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.

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

A. DIRECTORS

Chairman:

OT PARRISH

Address:

515 NORTH STATE STREET # 2225
CHICAGO, IL 60610

Vice Chairman:

Address:

Director:

STEPHEN M. DEARHOLT

Address:

759 N. MILWAUKEE, SUITE 316
MILWAUKEE, WI 53202

Director:

DICK WENNIGER

Address:

855 W. DEAN RD.
RIVER HILLS, WI 53217

B. OFFICERS

President:

MARY ANN LEEPER

Address:

515 NORTH STATE ST. SUITE 2225
CHICAGO, IL 60610

Vice President:

JACK WEISSMAN

Address:

515 NORTH STATE ST. SUITE 2225

Secretary:

WILLIAM R. GARGIULO, JR.

Address:

4175 TURFWAY TRAIL

Treasurer:

Address:

HARBOR SPRINGS, MI 49740-8808

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

JACK WEISSMAN - VICE PRESIDENT, SALES

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

DFI/CCS/Corp
Form 31-A
(RBL)
(2/98)

United States of America
STATE OF WISCONSIN
Department of Financial Institutions



TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETING:

I, RAY ALLEN, Administrator of the Division of Corporate & Consumer Services of the Department of Financial Institutions, do hereby certify that

THE FEMALE HEALTH COMPANY

is a domestic corporation organized under the laws of this state and that its date of incorporation is FEBRUARY 4, 1971.

I further certify that said corporation has, during its most recently completed report year, filed with this department an annual report required by sec. 180.1622, 180.1921, or 181.1622 of the Wisconsin Statutes; and that said corporation is not the subject of a proceeding under sec. 180.1421 or 181.1421 of the Wisconsin Statutes for administrative dissolution and that no determination has been made that grounds exist for such action; that no filing has been made with this department of a decree of dissolution with respect to the corporation under sec. 180.1433 or 181.1433 of the Wisconsin Statutes; and that the corporation has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on September 28, 2001.

A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY:

A handwritten signature in black ink, appearing to read "Nancy Skizic".

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.