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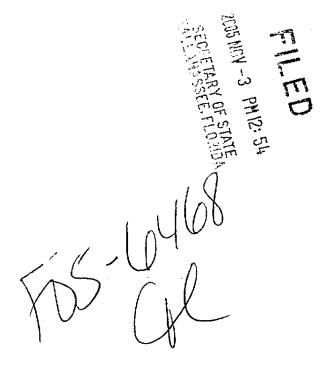
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration 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 J. Hoy		
(Name of Person)		
Tactile Systems Technology Inc.		
(Firm/Company)		
4824 Park Glen Road		
(Address)		
Minneapolis MN 55416		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Sunday Hoy at (952) 224-4278 (Name of Person) (Area Code & Daytime Telephone Number) 2577		
(Name of Person) (Area Code & Daytime Telephone Number)		
Sunday Hoy (Name of Person) (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327		
Registration Section Registration Section		
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
☑ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy 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.

(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	ss in Florida)
2. Minnesota 3. 41-1801204	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. January 30, 1995 _{5.} Perpetual	
(Date of incorporation) (Duration: Year corp. will cease to exist or "	"perpetual")
6. September 26, 2005	
(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 Road, Minneapolis, MN 55416	
(Principal office address)	
Same	
(Current mailing address)	·
8. Medical Device Manufacturer and sales	
8. Medical Device Manufacturer and sales (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	2005 I
(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)	ZIOS NOV.
(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 5224 N.W 64th Blvd.	2005 NOV -3 SECRETARY
(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	2005 NOV -3 PH SECRETARY OF
(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 5224 N.W 64th Blvd. Gainesville (City), Florida (Zip code)	PHIZ:
(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 , Florida 32653 (City) (Zip code) 10. Registered agent's acceptance:	PHIZ: 5
(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 5224 N.W 64th Blvd. Gainesville, Florida 32653 (City) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporatesignated in this application, I hereby accept the appointment as registered agent and agree to act it	F. FL ON THE Place in this capacity. I
(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 5224 N.W 64th Blvd. Gainesville, Florida 32653 (City) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporal designated in this application, I hereby accept the appointment as registered agent and agree to act if further agree to comply with the provisions of all statutes relative to the proper and complete perform	F. FL ON THE Place in this capacity. I
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(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 5224 N.W 64th Blvd. Gainesville, Florida 32653 (City) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporal designated in this application, I hereby accept the appointment as registered agent and agree to act if further agree to comply with the provisions of all statutes relative to the proper and complete perform	F. FL ON The place in this capacity. I

- 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: Doug Johnson	
Address: 1000 Westgate Drive, suite 160	
St Paul, MN 55114	
Vice Chairman: Irene Waldridge	
Address: 4824 Park Glen Road	
Minneapolis, MN 55416	
Dan Janisch	
Address: 13928 Drommond Trail	
Apple Valley, MN 55124	
Director: Kevin Roche	
Address: 6800 Dalcotta Drive	
Edina, MN 55439	
B. OFFICERS	
President: Gerald Mattys	
Address: 4824 Park Glen Road	
Minneapolis, MN 55416	
Vice President: Irene Waldridge	TAET BUS
Address: 4824 Park Glen Road	AFFTAR AFFTAR SRETAR SR
Minneapolis, MN 55416	SSE W
Secretary: Andrew Humphrey	TOP TO
Address: 90 South Seventh Street, Minneapolis, MN 55402	1. 51 0.716 0.716
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendary to the application listing additional office	
(Signature of Director or Officer listed in number 12 of the application	n)
Gerald Mattys, President/Chief Executive Officer	
(Typed or printed name and capacity of person signing application)	

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

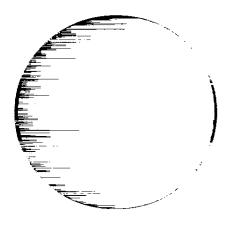
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed_below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Tactile Systems Technology, Inc.

Date Formed: 01/30/1995

Chapter Governed By: 302A

This certificate has been issued on 10/19/05.



Mary Kiffmeyer Secretary of State.