

FD60000007679

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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FOREIGN PROFIT/NONPROFIT CORPORATION

Arthrocare Medical Corporation

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/13/2006

**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. Arthrocare Medical Corporation
(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. Nevada 3. 20-4140418
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/02/2005 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 01/01/2007
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 7500 Rialto Blvd., Bldg. Two, Ste. 100, Austin, TX 78735
(Principal office address)
- same
(Current mailing address)

8. SALES AND DISTRIBUTION
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.

C T Corporation System

By: Howard L. Volz
(Registered agent's signature)

Howard L. Volz
Asst. Secretary

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:

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TALLAHASSEE FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: JOHN RAFFLE

Address: 7500 RIALTO BLVD BUILDING TWO, SUITE 100

AUSTIN, TX 78735

Director: _____

Address: _____

B. OFFICERS

President: JOHN RAFFLE

Address: 7500 RIALTO BLVD BUILDING TWO, SUITE 100

AUSTIN, TX 78735

Vice President: _____

Address: _____

Secretary: RICHARD REW

Address: 7500 RIALTO BLVD BUILDING TWO, SUITE 100, AUSTIN, TX 78735

Treasurer: MICHAEL GLUK

Address: 7500 RIALTO BLVD BUILDING TWO, SUITE 100, AUSTIN, TX 78735

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

13. *Richard W. Rew*

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

14. RICHARD REW, Secretary

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

SECRETARY OF STATE



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation sales, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ARTHROCARE MEDICAL CORPORATION**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 2, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 12, 2006.

A handwritten signature in cursive script that reads "Dean Heller".

DEAN HELLER
Secretary of State



Electronic Certificate
Certificate Number: C20061212-1811
You may verify this electronic certificate
online at <http://secretaryofstate.biz/>