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COVER LETTER

TO: New Filing Section Division of Corporations

_{SUBJECT:} Krisdan Management, 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," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.				
Please return all correspondence concerning this matter to Dan Hall, CPA	to the following:			
Name of P	erson			
Arthrex,Inc.				
Firm/Company				
1370 Creekside Blvd				
Addres	S			
Naples, FL 34108				
City/State and	d Zip code			
dan.hall@arthrex.com				
E-mail address: (to be used for	r future annual report notification)			
For further information concerning this matter, please ca	II:			
Dan Hall, CPA 37,239	591-6941			
	ode & Daytime Telephone Number			
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314			
Enclosed is a check for the following amount:				
Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy			
\$ 150 2013 Annual Report fee \$ 150 2014 Annual Report fee \$ 200 Penalty	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.

Krisdan Management, Inc.						
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	"CORPORATION,"				
	(If name unavailable in Florida, enter alternate corporate name adopted for the p	urpose of transacting business in Flo	orida)			
2	, Delaware 3 46-1626	46-1626094				
۷.	··	(FEI number, if applicable)				
4.	December 26, 2012 5. Perpetu	Perpetual				
•	(Date of incorporation) (Duration: Yea	(Duration: Year corp. will cease to exist or "perpetual")				
6.	_{s.} January 1, 2013					
	(Date first transacted business in Florida, if prior					
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to deter	mine penaity naotiity)				
7.	, 163 Eugenia Drive Naples, FL 34108 (Principal office address)	· · ·				
	1370 Creekside Blvd Naples, FL 34108					
	(Current mailing address)	and , a				
	(Current maning address)					
Q	Investment Management		P T			
о.	(Purpose(s) of corporation authorized in home state or country to be carried		<u> </u>			
9.	O. Name and street address of Florida registered agent: (P.O. Box NOT ac	133.	[4]			
•	John W. SChmieding	7.5.1. Fig. 1.5.	<u>≅</u> :: :: :::			
	Name.					
O	Office Address: 1370 Creekside Blvd	_	တ			
	Naples , Florida	34108				
	(City)	(Zip code)				
10	0. 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Reinhold D. Schmieding Address: 1370 Creekside Blvd Naples, FL 34108 Vice Chairman: Address: Director: Address: __ Director: _ Address: **B. OFFICERS** President: Reinhold D. Schmieding Address: 1370 Creekside Blvd Naples, FL 34108 Vice President: Address: Secretary: _ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Reinhold D. Schmieding President

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "KRISDAN MANAGEMENT, 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 ELEVENTH DAY OF APRIL,
A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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AUTHENTY CATION: 1286641

DATE: 04-11-14

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