

5/6/2014 13:22:11 From: To: 8506178781

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850) 617-6381

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

date of submission 5/2

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
14 MAY -6 PM 3:20
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Lynx Medpak Inc.

Certificate of Status	0
Certified Copy	0
Page Count	056
Estimated Charge	\$70.00

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Corporate Filing Menu

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MD 5/7

850-617-6381

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May 6, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: LYNX MEDPAK INC.
REF: W14000028482

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

A brief description of the entity's nature of business must be included in the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000106309
Letter Number: 314A00009616

RE-SUBMIT

Please retain original filing
date of submission 5/2

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Lynx Medpak 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 the following:

Donald T. Rozak, Jr., CP

Name of Person

Lynx Medpak Inc.

Firm/Company

6201 America Center Drive, 6th Floor - Legal Dept.

Address

San Jose, CA 95002

City/State and Zip code

don.rozak@flextronics.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald T. Rozak, Jr., CP

at (408) 577-4150

Name of Person

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.

FILED
14 MAY 2 2 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Lynx Medpak Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 46-3781932
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 12, 2013 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. July 1, 2014
(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6201 America Center Drive, 6th Floor - Legal Dept., San Jose, CA 95002
(Principal office address)

6201 America Center Drive, 6th Floor - Legal Dept., San Jose, CA 95002
(Current mailing address)

8. Plastics molding, tooling, and manufacturing
(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: [Signature]
(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

Director- Paul Humphries
Chairman:

Address: 6201 America Center Drive, 6th Floor - Legal Dept., San Jose, CA 95002

Vice Chairman: _____

Address: _____

Director: Chris Collier

Address: 6201 America Center Drive, 6th Floor - Legal Dept., San Jose, CA 95002

Director: David Bennett

Address: 6201 America Center Drive, 6th Floor - Legal Dept., San Jose, CA 95002

B. OFFICERS

President: Paul Humphries

Address: 6201 America Center Drive, 6th Floor - Legal Dept., San Jose, CA 95002

Vice President: Timothy Stewart

Address: 6201 America Center Drive, 6th Floor - Legal Dept., San Jose, CA 95002

Secretary: Timothy Stewart

Address: 6201 America Center Drive, 6th Floor - Legal Dept., San Jose, CA 95002

Treasurer: Fergus McKay

Address: 6201 America Center Drive, 6th Floor - Legal Dept., San Jose, CA 95002

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

13. _____

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.

14. Timothy Stewart, Vice President and Secretary

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

FILED
14 MAY - 2 PM '09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

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14 MAY - 2 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LYNX MEDPAK 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 SECOND DAY OF MAY, A.D. 2014.

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

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

5398174 8300

140556422

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



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1340966

DATE: 05-02-14