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(((H140002310813)))

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To:

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

From:

Account Name : C T CORPORATION SYSTEM Account Number: FCA000000023 FROM Phone : (850) 222-1092 CO SUDINSION 10/2

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

Email Address:

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FOREIGN PROFIT/NONPROFIT CORPORATION HALYARD HEALTH, INC.

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10/8/2014 4:30:57 PM PAGE 1

1/001 Fax Serve

October 8, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: HALYARD HEALTH, INC.

REF: W14000060385

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The Officer signing this document must be listed as an officer on the application.

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

Maryanne Dickey Regulatory Specialist II New Filing Section

FAX Aud. #: B14000231081 Letter Number: 614A00021199

Pieces of submission Jola

	APPLICATION BY FOREIGN CORPORATION BUSINESS IN F	and the second s
	COMPLIANCE WITH SECTION 607.1503, FLORIDA STATU EGISTER A FOREIGN CORPORATION TO TRANSACT BUSI	TES. THE FOLLOWING IS SUBMITTED TO -
1.	Halyard Health, Inc.	मिला <u>।</u>
	(Enter name of corporation; must include "INCORPORATED," "Co"Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")	MPANY." "CORPORATION."
į	(If name unavailable in Florida, enter alternate corporate name adopt	ed for the purpose of transacting business in Florida)
2.	Delaware 3, 46-4	987888
•	(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4.	02/25/2014 5. Perp	etual
-	(Date of incorporation) (Dur	ation: Year corp. will cease to exist or "perpetual")
6.	Upon Qualification	
ν. ,	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, F	
7. <u>3</u>	351 Phelps Drive, Irving, TX 75038	
	(Principal office address)	
s	same	
	(Current mailing address)	
8. 1	Name and street address of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)
	Name: CT Corporation System	
on	ffice Address: 1200 South Pine Island Road	
	Plantation	, Florida <u>33324</u>
	(City)	(Zip code)

9. 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: Kristin Bolden
Assistant Socretary
(Registered agent's signature)

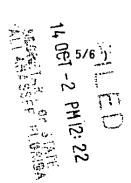
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	- 6 - 8
Chairman: SEE ATTACHMENT	
Address:	\$ 2 T
Vice Clatiman:	(A)
Address:	35
Director:	
Address:	
Disputer	
Address:	
B. OFFICERS	
4444	
President: SEE ATTACHMENT	
Address:	
Vice President:	
Address:	
Secretary:	
Address:	
fteasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional off	icers and/or directors.
12 Karen d'élets	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirm are true and that he or she is aware that false information submitted in a document to the D	

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.

13. Karen L. Leets, VP & Treasurer

10/10/2014 10:01:44 From: To: 8506176381



Halyard Health, Inc.

Officers

Robert E. Abernathy	President and Chief Executive Officer	353 Phelps Drive, Irving, TX 75038
Mark A. Buthman	Executive Vice President	351 Phelps Drive, Irving, TX 75038
	Senior Vice President, General Counsel and	
John W. Wesley	Secretary	351 Phelps Drive, Irving, TX 75038
Steven E. Voskuil Senior Vice President and Chief Financial Officer		351 Phelps Drive, Irving, TX 75038
Nancy S. Loewe	Senior Vice President	351 Phelps Drive, Irving, TX 75038
Karen L. Leets	Vice President and Treasurer	351 Phelps Drive, Irving, TX 75038

Directors

Mark A. Buthman	351 Pholps Drive, Irving, TX 75038
John W. Wesley	351 Phelps Drive, Irving, TX 75038
Nancy S. Loewe	351 Phelps Drive, Irving, TX 75038

Delaware

D. CD 1

The First State

14 OCT -2 PM IZ

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HALYARD HEALTH, 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 OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HALYARD HEALTH, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2014.

5482684 8300

141252152

DATE: 10-02-14

1

TICATIÓN: 1750304

ou may verify this certificate on