

F15000003785

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

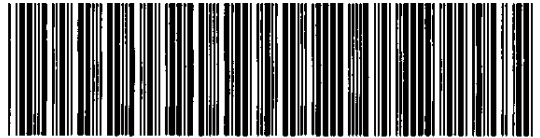
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
FILINGS

15 AUG 26 AM 11:31

TO: 606 N. GULF BLVD  
SUITE 10100 / 10TH FLOOR

FILED

2015 AUG 26 A 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 27 2015

3 MASON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 758093 4340120

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$ 78.75

ORDER DATE : August 24, 2015

ORDER TIME : 3:53 PM

ORDER NO. : 758093-005

CUSTOMER NO: 4340120

FOREIGN FILINGS

NAME: TELEFLEX MEDICAL  
INCORPORATED

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Teleflex Medical Incorporated

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:

Robin E. Seifert

Name of Person

Teleflex

Firm/Company

550 E. Swedesford Road

Address

Wayne, PA 19087

City/State and Zip code

robin.seifert@teleflex.com

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

For further information concerning this matter, please call:

\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration 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.*

1. Teleflex Medical Incorporated  
(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. California 3. 95-1867330  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/01/1955 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. TM) engages in interstate commerce and does not "transact business" as defined in Section 607.1501. Application being filed solely due to registered agent requirement of FL Board of Professional Regulation in connection with Out-of-State Prescription Drug Wholesale Distributor License  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3015 Carrington Mill Boulevard, Morrisville, NC 27560  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
1201 Hays Street  
Office Address: Tallahassee, Florida 32301  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

**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.*

Corporation Service Company

By: \_\_\_\_\_

(Registered agent's signature)

**Melissa Zender**  
**Asst. Vice President**

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**

Chairman: None

Address: \_\_\_\_\_

Vice Chairman: None

Address: \_\_\_\_\_

Director: Liam John Kelly

Address: 550 E. Swedesford Road

Wayne, PA 19087

Director: John Robert Deren

Address: 550 E. Swedesford Road

Wayne, PA 19087

**B. OFFICERS**

President: Liam John Kelly

Address: 550 E. Swedesford Road

Wayne, PA 19087

Vice President: John Robert Deren

Address: 550 E. Swedesford Road

Wayne, PA 19087

Secretary: James Joseph Leyden

Address: 550 E. Swedeford Road, Wayne, PA 19087

Treasurer: Jake Elguicze

Address: 550 E. Swedesford Road, Wayne, PA 19087

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

12. J. Elguicze Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. JAKE ELGUICZE, TREASURER  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# OFFICERS OF TELEFLEX MEDICAL INCORPORATED

OFFICERS/DIRECTORS	TITLE
<b>Liam John Kelly</b> <a href="mailto:Liam.kelly@teleflex.com">Liam.kelly@teleflex.com</a>  <b>**Director</b>	<b>President</b>
<b>John Robert Deren</b> <a href="mailto:john.deren@teleflex.com">john.deren@teleflex.com</a>  <b>**Director</b>	<b>Vice President</b>
<b>Gregg Wayne Winter</b> <a href="mailto:gregg.winter@teleflex.com">gregg.winter@teleflex.com</a>	<b>Vice President</b>
<b>Jake Elguicze</b> <a href="mailto:jake.elguicze@teleflex.com">jake.elguicze@teleflex.com</a>  <b>**Director</b>	<b>Vice President &amp; Treasurer</b>
<b>James Joseph Leyden</b> <a href="mailto:james.leyden@teleflex.com">james.leyden@teleflex.com</a>	<b>Secretary</b>

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of California  
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

TELEFLEX MEDICAL INCORPORATED

FILE NUMBER: C0308527  
FORMATION DATE: 09/01/1955  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of August 25, 2015.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA  
Secretary of State