Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (#50)878-5368

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

FOREIGN PROFIT/NONPROFIT CORPORATION

Checkpoint Surgical, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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Help 🚍 🖯

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J. HARRIS

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Checkpoint Surgical, Inc.	
Name of corporation	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact busine	iding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Monica Moreno, Senior Paralegal	
Name of	Person
McDonald Hopkins LLC	
Firm/Com	pany
600 Superior Avenue E., Suite 2100	
Addre	ess
Cleveland, OH 44114	
City/State a	nd Zip code
leosentino@checkpointsurgical.com	
E-mail address: (to be used t	or future annual report notification)
For further information concerning this matter, please of	call:
Monica Moreno at (216	348-5406
Name of Person Area Cod	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: \$\Begin{align*} \preceq \tau \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busing the state of country under the law of which it is incorporated) 4. Delaware (State or country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than proceed in the purpose of transacting business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. Delaware (Principal office address) (Current mailing address, if different)	ible)	
(Date of incorporation) (Date of duration, if other than part of the control of	perpetual)	
(Date of incorporation) (Date of duration, if other than part of the control of	perpetual)	
(Date of incorporation) (Date of duration, if other than publication) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 22901 Millereck Blvd., Suite 110, Cleveland, OH 44122 (Principal office address)	perpetual)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 22901 Millereck Blvd., Suite 110, Cleveland, OH 44122 (Principal office address)	parpotanty	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 22901 Millereck Blvd., Suite 110, Cleveland, OH 44122 (Principal office address)		
, 22901 Millereck Blvd., Suite 110, Cleveland, OH 44122 (Principal office address)		
(Principal office address)	· · · · · · · · · · · · · · · · · · ·	

(Current mailing address, if different)		
		(100) (100)
3. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	7 - 1	জ ন
Name: C T Corporation System		13.20 10.20 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00
1200 South Pine Island Road		ර් ්
Office Address: Plantation 33324		
, Florida		Ć5
(City) (Zip code)		rs>
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the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIR	ECTORS			
Chairman	Geoffrey B. Thrope			444
Address:	22901 Millereek Blvd., Suite 110			
	Cleveland, OH 44122			
Vice Cha	iman:			
Address:				
Director:	Leonard M. Cosentino	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Address:	22901 Millcreek Blvd., Suite 110			
	Cleveland, OH 44122			
Director:	Tracy Marshbanks	·		
Address:	1 S. Wacker Drive, Suite 3900	4		
	Chicago, IL 60606			
B. OFF	ICERS			
President:	Leonard M. Cosentino	54	PSO COLUMN	
Address:	22901 Millereck Blvd., Suite 110	3.	ته: چي	44
	Cleveland, OH 44122	37.5		Bezin Britain 설립하다
Vice Presi	dent: Donald B. Hubbard	:73 · 		is ⊊° (°
Address:	22901 Millcreek Blvd., Suite 110	I. (23.T - (3. -	-
	Cleveland, OH 44122		60	
Secretary:	Donald B. Hubbard		-f∿ -	
Address:	22901 Millcreek Blvd., Suite 110			
Treasurar:	Marilyn Eisele			
Address:	22901 Millcreek Blvd., Suite 110			
NOTE:	If necessary, you may attach an addendam to the application listing additional officers as	nd/or direct	ors.	· · · · · · · · · · · · · · · · · · ·
are true a	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that nd that he or she is aware that false information submitted in a document to the Departm gree felony as provided for in s.817.155, F.S.			
13. Leon	ard M. Cosentino, President			
	(Typed or printed name and capacity of person signing application)			

1/8/2016 3:17:16 PM From: To: 8506176383(5/6)

Addendum to Application by Foreign Corporation for Authorization to Transact Business in Florida

Checkpoint Surgical, Inc.

ADDITIONAL OFFICERS:

Vice President:

Kevin M. Scanlan

Address:

22901 Millcreek Blvd., Suite 110, Cleveland, OH 44122

Delaware

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHECKPOINT SURGICAL, 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHECKPOINT SURGICAL, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2015.

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

5857779 8300

SR# 20150968881 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 10443976

Date: 11-18-15