

F17000003564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

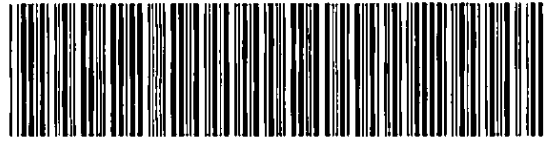
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT. OF REVENUE
17 AUG -8 AM 10:42

FILED
17 AUG -8 AM 11:25
SOUTH CAROLINA
STATE
REVENUE
HARRISBURG

S. WARREN

AUG 09 2017

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

ACCOUNT NO. : I20000000195

REFERENCE : 757809 7228054

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : August 7, 2017

ORDER TIME : 10:17 AM

ORDER NO. : 757809-005

CUSTOMER NO: 7228054

FOREIGN FILINGS

NAME: MEDTECH SURGICAL, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

**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.*

MEDTECH SURGICAL, INC.

1. _____
(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)

DELAWARE

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

2/16/2011

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
upon qualification

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S. to determine penalty liability)

1520 Tradeport Drive, Jacksonville, FL 32218

7. _____
(Principal office address)

1520 Tradeport Drive, Jacksonville, FL 32218

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

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.

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STATE OF FLORIDA
TALLAHASSEE

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Daniel P. Florin

Address: 345 East Main Street, Warsaw IN 46580

Director: Chad F. Phipps

Address: 345 East Main Street, Warsaw IN 46580

B. OFFICERS

President: See Attached Addendum

Address: _____

Vice President: See Attached Addendum

Address: _____

Secretary: See Attached Addendum

Address: _____

Treasurer: See Attached Addendum

Address: _____

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

12.  _____

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. Heather J. Kidwell, VP, Senior Corporate Counsel and Assistant Secretary

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

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NOT RECORDED

MEDTECH SURGICAL, INC.

Addendum

Business Address for all Officers and Directors:

345 East Main Street
Warsaw, IN 46580

Officers:

Adam R. Johnson	Group President
Daniel P. Florin	Senior Vice President
Chad F. Phipps	Senior Vice President and Secretary
Andre Potgieter	Vice President, US Sales (Spine)
G. Joseph Ross	Vice President, Marketing (Spine)
Kelley Komula	Vice President, Sales Operations
Michael Funk	Vice President
Jeff Grabow	Vice President
Tony W. Collins	Vice President and Controller
Robert J. Marshall Jr.	Vice President and Treasurer
Michael E. Norris	Vice President and Assistant Treasurer
Heather J. Kidwell	Vice President and Assistant Secretary
Michael R. Shapiro	Assistant Treasurer
Pamela J. Hansel	Assistant Treasurer
Susan Sordelet	Assistant Treasurer

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDTECH 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 SEVENTH DAY OF AUGUST, A.D. 2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDTECH SURGICAL, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF FEBRUARY, A.D. 2011.

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



4941248 8300

SR# 20175611741

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203017142

Date: 08-07-17