

F18000002728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

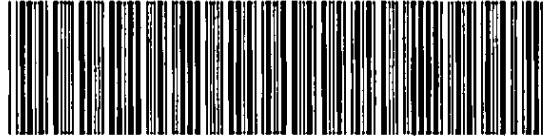
(Document Number)

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

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SOUTHERN DISTRICT OF NEW YORK

K SALY  
JUN 11 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Arthrex Medical Center, 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:

Daniel Hall

\_\_\_\_\_  
Name of Person

Arthrex, Inc.

\_\_\_\_\_  
Firm/Company

1370 Creekside Blvd

\_\_\_\_\_  
Address

Naples, FL 34108

\_\_\_\_\_  
City/State and Zip code

daniel.hall@arthrex.com

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

For further information concerning this matter, please call:

Daniel Hall

239

591-6941

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. Arthrex Medical Center, Inc.  
(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. Delaware 3. 32-0567011  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/2/2018 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 14550 Plantation Road, Suite 1B, Ft. Myers, FL 33912  
(Principal office address)

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

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

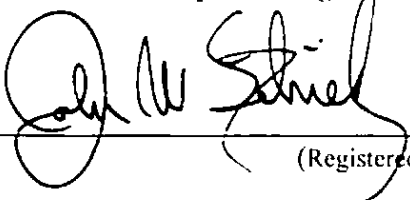
Name: John W. Schmieding

Office Address: 14550 Plantation Road, Suite 1B

Ft. Myers, Florida 33912  
(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.*

  
(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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: Reinhold D. Schmieding

Address: 14550 Plantation Road, Suite 1B, Ft Myers, FL 33912

Director: John W. Schmieding

Address: 14550 Plantation Road, Suite 1B, Ft Myers, FL 33912

**B. OFFICERS**

President: Reinhold D. Schmieding

Address: 14550 Plantation Road, Suite 1B, Ft Myers, FL 33912

Vice President: John W. Schmieding

Address: 14550 Plantation Road, Suite 1B, Ft Myers, FL 33912

Secretary: John W. Schmieding

Address: 14550 Plantation Road, Suite 1B, Ft Myers, FL 33912

Treasurer: John W. Schmieding

Address: 14550 Plantation Road, Suite 1B, Ft Myers, FL 33912

**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. John W. Schmieding Vice-President, Secretary, Treasurer

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

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STATE OF FLORIDA  
DEPARTMENT OF STATE

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARTHREX MEDICAL CENTER, 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 FOURTH DAY OF JUNE, A.D. 2018.

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


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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202815378

Date: 06-04-18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2018

DANIEL HALL  
ARTHREX, INC.  
1370 CREEKSIDE BLVD.  
NAPLES, FL 34108

SUBJECT: ARTHREX MEDICAL CENTER, INC.  
Ref. Number: W18000047001

We have received your document for ARTHREX MEDICAL CENTER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 618A00010261

RECEIVED

2018 JUN -8 AM 9:

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL



June 4, 2018

Attn: Karen A Saly  
Regulatory Specialist II  
Florida Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**RE: Arthrex Medical Center, Inc.**  
**Ref Number: W18000047001**

Dear Ms. Saly,

On behalf of Daniel Hall, please find documents enclosed for re-submission, specifically:

1. The Certificate of Good Standing from Delaware Secretary of State;
2. Completion of the principal office address on the Application

Please let us know if you are in need of any further information. My direct line is (239) 591-6902, and my email address is [suzanne.pahl-boland@arthrex.com](mailto:suzanne.pahl-boland@arthrex.com) should you need to contact me.

Regards,

Suzanne Pahl-Boland  
Shareholder Relations Administrator