Note: Please	
	se 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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To:	Division of Corporations The Fax Number : (350)617-6383
From:	Account Name : C T CORPORATION SYSTEM 112   Account Number : FCA0000000023 112   Phone : (614) 280-3339 112   Fax Number : (954) 205-0845 113
**Enter anr	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**
Ema	ail Addross:
	FOREIGN PROFIT/NONPROFIT CORPORATION Mallinckrodt Equinox Finance Inc.
0	Certificate of Status 0 Certified Copy 0

https://efile.sunbiz.org/scripts/efileovr.exe[11/12/20184:50:15 PM]

## 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.		uinox Finance Inc.			
	(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED,' orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
	(If name onavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Floric	la)	
2	Delaware		32-0542730		
	(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
4.	09/12/2017	5.	Perpetual		
		of incorporation)	(Date of duration, if other than perpetual)		
6.	Upon Qualificat	ion			
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
		·	502, F.S., to determine penany habitity		
7.	675 McDonnell B	Ivd., Hazelwood, MO 63042 (Princis	val office address)		
		(			
	sainc	(Current mailir	ag address, if different)	•	
				18	
8.	Name and stree	addross of Horida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	NUA 11	
	Name:	C T Corporation System	· · · · · · · · · · · · · · · · · · ·	~	11
	Name.			+-	<b>—</b>
0	ffice Address:	1200 South Pine Island Road	<u> </u>	ΛH	
		Plantation	, Florida 33324	6† :01 HY	تي:
		(City)	(Zip code)	E -	

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 dutics, and I am fumiliar with and accept the obligations of my position as registered agent.

C T Corporation System

Mickel Holden (Registered agent's signature) By:

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.

DIRECTORS SEE ATTACHMENT	
nain:	
Idress:	
ce Chairman:	
ldress:	<u> </u>
	<u> </u>
rector: Kathleen A. Schaefer	
idress: 675 McDonnell Blvd.	
Hazelwood, MO 63042	<u> </u>
rector: Marvin R Haselhorst	
Idress: 675 MoDonnell Blvd.	
Hazelwood, MO 63042	
OFFICERS	
esident: Kathleen A. Schaefer	
idress: 675 McDonnell Blvd.	
Hazelwood, MO 63042	
ce President: Marvin R Haselhorst	
dress: 675 McDonnell Blvd.	
Hazelwood, MO 63042	
• • • • • • • • • • • • • • • • • • •	
icrotary: <u>Spolyinie</u> DM. 11er Idress: <u>31 otys Park, He Causeway, Staines Upin Thamms</u>	SHIRDY TWIP 3AG
cesurer: John E Einwalter	
ddress: 675 McDonneil Blvd., Hazelwood, MO 63042	
OTE: If necessary, you may attach an addendum to the application listing additiona	I officers and/or directors.
Signature of Director or Officer	

13. Kathleen A. Schuefer, President

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

To'

## Attachment to Florida Officers & Directors

1 Full Name: Officer/Director: Officer's Title: Director's Title: Business Address: City: State: ZIP Code:

John E Einwalter Officer, Director Treasurer Other Director 675 McDonnell Blvd. Hazelwood мо 63042

IB NOV 14 AM IO: 43

To:



The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MALLINCKRODT EQUINOX FINANCE 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 TWELFTH DAY OF NOVEMBER, A.D. 2018.

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

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

> C I T I J I ANN 94: 2...



6540739 8300

SR# 20187592673 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203881411 Date: 11-12-18