

F19000000263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

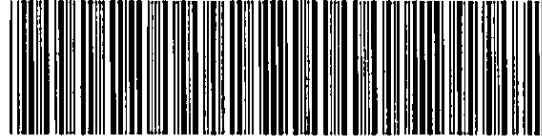
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrections made per Ms. Ayi

Office Use Only



900322075669

12/21/18--01023--014 **79.75

FILED
18 DEC 21 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C CAVE
JAN 16 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KMT 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:

Nii Ayi

Name of Person

Hollister Incorporated

Firm/Company

2000 Hollister Drive

Address

Libertyville, Illinois, 60048

City/State and Zip code

nii.ayi@hollister.com

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

For further information concerning this matter, please call:

Nii Ayi

Name of Person

at (847) 6805622

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. KMT 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. Delaware

(State or country under the law of which it is incorporated)

3. 38-4081665

(FEI number, if applicable)

4. April 5, 2018

(Date of incorporation)

5.

(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. 17755 U.S. 19 North, Suite 210, Clearwater, FL

(Principal office address)

33764

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

33324

(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.

C T Corporation System



(Registered agent's signature)

Danny Verdecchia
Assistant Secretary

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: V. George Maliekel

Address: 2000 Hollister Drive, Libertyville, Illinois, 60048

Vice President: Executive Vice President and Managing Director M. Scott Holloway

Address: 17755 U.S. 19 North, Suite 210, Clearwater, FL 33764

Secretary: Lisè M. Heroux

Address: 2000 Hollister Drive, Libertyville, Illinois, 60048

Treasurer: Kenneth A. Straup

Address: 2000 Hollister Drive, Libertyville, Illinois, 60048

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. Kenneth A. Straup

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

Directors of KMT Medical Incorporated

Sharon M. Brady

Stephen P. Carter

Jerome A. Saxon

V. George Maliekel

Carlyn Solomon

2000 Hollister Dr.
Libertyville, IL 60048

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "KMT MEDICAL INCORPORATED" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE EIGHTH DAY OF APRIL, A.D. 2013, AT 1:58 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "KATY MAY, LLC" TO "KMT MEDICAL LLC", FILED THE SIXTEENTH DAY OF NOVEMBER, A.D. 2017, AT 1:26 O'CLOCK P.M.

CERTIFICATE OF CONVERSION, CHANGING ITS NAME FROM "KMT MEDICAL LLC" TO "KMT MEDICAL INCORPORATED", FILED THE FIFTH DAY OF APRIL, A.D. 2018, AT 12:49 O'CLOCK P.M.

CERTIFICATE OF INCORPORATION, FILED THE FIFTH DAY OF APRIL, A.D. 2018, AT 12:49 O'CLOCK P.M.



5315517 8310

SRH 20187670405

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: 203911791

Date: 11-15-18

Delaware

The First State

Page 2

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE
AFORESAID CORPORATION, "KMT MEDICAL INCORPORATED".

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



5315517 8310

SR# 20187670405

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: 203911791

Date: 11-15-18