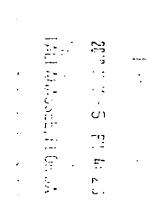
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(Re	equestor's Name)	·				
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PICK-UP	☐ WAIT	MAIL				
(Bu	rsiness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



400336468584





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 033951 7848964-

AUTHORIZATION

COST LIMIT : (\$\forall 70.00

ORDER DATE: November 4, 2019

ORDER TIME : 3:52 PM

ORDER NO. : 033951-005

CUSTOMER NO: 7848964

FOREIGN FILINGS

NAME: OTICON, 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: Kadesha Roberson -- EXT# 62980

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporation	S			
SHE	Oticon, Inc.				
3000		Name of corpora	tion - must	include suffix	
Dear S	Bir or Madam:	·			27.5
"Certi	nclosed "Application by Fo ficate of Existence," or "C referenced foreign corpora	ertificate of Good	Standing" a	and check are su	
Please	return all correspondence	concerning this m	atter to the	following:	PH 4:3
		Name	of Person	·	
		Firm/C	Company		
		A	ddress		
		City/Sta	te and Zip	code	
	E-mai	l address: (to be us	ed for futu	re annual report	notification)
For fur	ther information concerni	ng this matter, plea	se call:		
		at (Area ()		
	Name of Person	Area (Code	Daytime Telep	hone Number
Enclose	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
	.00 Filing Fee	75 Filing Fee & tificate of Status		5 Filing Fee & ied 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. Oticon, 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) California (State or country under the law of which it is incorporated) 05/29/1986 4. (Date of incorporation) (Date of duration, if other than perpetual) upon filing 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 580 Howard Ave., Somerset, NJ 08875-6724 (Principal office address) (Current mailing address, if different)

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

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City), Florida (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 Corporation

By:

(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Seren Nielsen Chairman: 580 Howard Ave., Somerset, NJ 08875-6724 Address: Mikael Woming Director: 580 Howard Ave., Somerset, NJ 08875-6724 Address: Rene Schneider Director: 580 Howard Ave., Somerset, NJ 08875-6724 Address: **B. OFFICERS** Gary Rosenblum President: 580 Howard Ave., Somerset, NJ 08875-6724 Address: Michael Schmid Vice President: 580 Howard Ave., Somerset, NJ 08875-6724 Address: Robert Buchas Secretary: 580 Howard Ave., Somerset, NJ 08875-6724 Address: Michael Schmid Treasurer: 580 Howard Ave., Somerset, NJ 08875-6724 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Robert Buchas Secretary 13.

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

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

OTICON, INC.

FILE NUMBER:

C1532268

FORMATION DATE:

05/29/1986

TYPE:

DOMESTIC CORPORATION

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

ALLMASSEE FLORIDA

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 04, 2019.

ALEX PADILLA Secretary of State