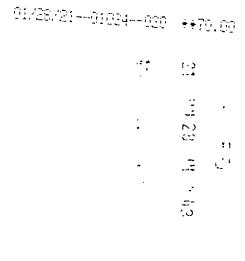
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(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Accelent, Inc.			
Name o	f'corporation	- must include suffix	
Dear Sir or Madam:			
	of Good Stand	Authorization to Transact Business in Florida," ding" and check are submitted to register the is in Florida.	
Please return all correspondence concernin	ig this matter	to the following:	
Kathryn Diehm			
	Name of I	Person	
Rucci Law Group, LLC			
	Firm/Com	pany	
19 Old Kings Highway South			
	Addre	SS	
Darien, CT 06820			
	City/State ar	nd Zip code	
kdiehm@ruccilawgroup.com			
E-mail address:	(to be used for	or future annual report notification)	
For further information concerning this ma	itter, please c	all:	
Kathryn Diehm	203	202-9686, ext 205	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount Please make check payable to: FLORIDA DE \$70.00 Filing Fee \$78.75 Filing Certificate of	PARTMENT Fee & □	OF STATE \$78.75 Filing Fee & □ \$87.50 Filing Fee. Certified Copy 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.

corporation; must include "INCORPORATED," " "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
able in Florida, enter alternate corporate name add	opted for the purpose of transacting bu	ısiness in Florida)
3	27-2271325	
ry under the law of which it is incorporated)	(FEI number, if applicable)	
8, 2017		
of incorporation)	(Date of duration, if other than perpetual)	
2021		
(SEE SECTIONS 607.1501 & 607.1502 metto Park Road, # 524, Boca Raton,	F.S., to determine penalty liability) FL 33432	
(Principal office	street address)	
(Current mailing a	ddress, if different)	•
et address of Florida registered agent: (P.O. E John Boehmer	Box NOT acceptable)	• >
333 East Palmetto Park Road, #524	_ - -	ī.,
Boca Raton	Florida 33432	,
(City)	(Zip code)	
	able in Florida, enter alternate corporate name address of Florida registered agent: (P.O. E. John Boehmer 33	able in Florida, enter alternate corporate name adopted for the purpose of transacting by a comparison of the purpose of transacting by the purpose of trans

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.

A. DIRECTORS Name: John Boehmer □ Chairman □ Chairman Name: 333 East Palmetto Park □ Vice Chairman Address: ☐ Vice Chairman Address: _____ Road, #524 ■Director □ Director Boca Raton, FL 33432 President □ President □ Vice President □Vice President ■Secretary □Treasurer □ Secretary □ Treasurer □Other _____ □Other _____ ☐Other _____ □Other _____ □Chairman Name: □Chairman Name: __ __ __ □Vice Chairman Address: ☐ Vice Chairman Address: ________ □ Director □ Director □President □ President □Vice President _____ □ Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other _____ □Other_____ □Other _____ □Other _____ Name: ______ □ Chairman □Chairman Name: _____ □Vice Chairman Address: _____ □ Vice Chairman Address: ______ □ Director □ Director □President □President □ Vice President ____ □ Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be adided to the index when filing your Florida Department of State Annual Report form. 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.

John Boehmer, President

Secretary of The State of Connecticut

I, the Secretary of The State of Connecticut, and keeper of the seal thereof. DO HEREBY CERTIFY, that the certificate of incorporation of

ACCELENT, INC.

a domestic STOCK corporation, was filed in this office on December 28, 2017.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of The State of Connecticut

Date Issued: January 27, 2021

kin Whenk

Business ID: 1258892 Standard Certificate Number: 2021028144001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov