

F22000000562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

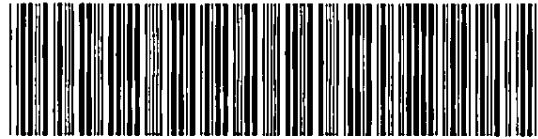
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JAN 27 AM 11:32

CLERK OF
ALACHUA COUNTY
FLORIDA

FILED

2022 JAN 27 PM 12:13

CLERK OF
STATE
FLORIDA

S. HAWKES

JAN - 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 437015 4731473

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 78.75

ORDER DATE : January 26, 2022

ORDER TIME : 4:45 PM

ORDER NO. : 437015-005

CUSTOMER NO: 4731473

FOREIGN FILINGS

NAME: MEDTRONIC XOMED, INC.

XXXX QUALIFICATION (TYPE: CQ)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

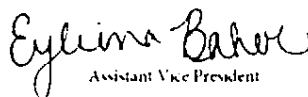
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. Medtronic Xomed, 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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/25/2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 710 Medtronic Parkway, Minneapolis, MN 55432
(Principal office street address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
- Tallahassee, Florida 32301
(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.


Assistant Vice President

(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.

2019 OCT 27 PM 12:13
STATE
OFFICE

A. DIRECTORS

☐ Chairman Name: Philip Albert
☐ Vice Chairman Address: 710 Medtronic Parkway
☒ Director Minneapolis, MN 55432
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Martha Ha
☐ Vice Chairman Address: 710 Medtronic Parkway
☒ Director Minneapolis, MN 55432
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Asst Secretary ☐ Other _____

☐ Chairman Name: Anne Ziebell
☐ Vice Chairman Address: 710 Medtronic Parkway
☐ Director Minneapolis, MN 55432
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Asst Secretary ☐ Other _____

☐ Chairman Name: Jason Bristow
☐ Vice Chairman Address: 710 Medtronic Parkway
☒ Director Minneapolis, MN 55432
☐ President _____
☒ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Vincent Albert Racano
☐ Vice Chairman Address: 6743 Southpoint Drive North
☐ Director Jacksonville, FL 32216
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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 added to the index when filing your Florida Department of State Annual Report form.

12. Anne Ziebell
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. Anne Ziebell, Assistant Secretary

Medtronic

Medtronic Xomed LLC

710 Medtronic Parkway
Minneapolis MN 55432-5604
United States of America

Tel. 763.514.4000

Fax 763.505.2669

January 26, 2022

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Medtronic Xomed, Inc. Application for Authorization to Transact Business

Dear Registration Section,

Medtronic Xomed LLC with Florida Department of State Document Number M20000003676 hereby grants name consent to Medtronic Xomed Inc., a Delaware corporation, to use the name Medtronic Xomed Inc. in the state of Florida.

Should you require anything further in this regard please contact me at rs.corporatesecretary@medtronc.com

Sincerely,



Anne Ziebell
Authorized Person

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDTRONIC XOMED, 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 TWENTY-SIXTH DAY OF JANUARY, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDTRONIC XOMED, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2019.

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



7672391 8300

SR# 20220258586

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202492254

Date: 01-26-22