

L08000021509

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 18 AM 11:25

MAR 21 2016  
C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2016

CSC / COURTNEY WILLIAMS

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: ZIMMER BIOMET CMF AND THORACIC, LLC  
Ref. Number: L08000021509

We have received your document for ZIMMER BIOMET CMF AND THORACIC, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a merger, pursuant to s.605.0212(8), Florida Statutes, each party to the merger must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 216A00005683

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16 MAR 22 PM 2:27  
IN ACKNOWLEDGE  
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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 069774 7228054

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : March 18, 2016

ORDER TIME : 1:22 PM

ORDER NO. : 069774-005

CUSTOMER NO: 7228054

ARTICLES OF MERGER

BIOMET FLORIDA SERVICES, LLC

INTO

ZIMMER BIOMET CMF AND  
THORACIC, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Zimmer Biomet CMF and Thoracic, LLC

\_\_\_\_\_  
Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tracy L. Whitman, Paralegal

\_\_\_\_\_  
Contact Person

Faegre Baker Daniels LLP

\_\_\_\_\_  
Firm/Company

600 East 96th Street, Suite 600

\_\_\_\_\_  
Address

Indianapolis, IN 46240

\_\_\_\_\_  
City, State and Zip Code

heather.kidwell@zimmerbiomet.com

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

For further information concerning this matter, please call:

Tracy L. Whitman

at (317) 569-9600

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

☐ Certified copy (optional) \$30.00

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E080 (2/14)

**Articles of Merger  
For  
Florida Limited Liability Company**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

16 MAR 18 AM 11:25

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

**FIRST:** The exact name, form/entity type, and jurisdiction for each merging party are as follows:

| <u>Name</u>                                  | <u>Jurisdiction</u> | <u>Form/Entity Type</u>   |
|--|---------------------|---------------------------|
| LC8000021464<br>Biomet Florida Services, LLC | Florida             | Limited Liability Company |
| _____  | _____               | _____                     |
| _____  | _____               | _____                     |
| _____  | _____               | _____                     |

**SECOND:** The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

| <u>Name</u>   | <u>Jurisdiction</u> | <u>Form/Entity Type</u>   |
|---|---------------------|---------------------------|
| LC8000021509<br>Zimmer Biomet CMF and Thoracic, LLC | Florida             | Limited Liability Company |
| _____   | _____               | _____                     |

**THIRD:** The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

**FOURTH:** Please check one of the boxes that apply to surviving entity: (if applicable)

- ☒ This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.
- ☐ This entity is created by the merger and is a domestic filing entity, the public organic record is attached.
- ☐ This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership; its statement of qualification is attached.
- ☐ This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:


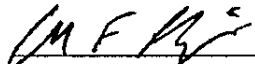
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FIFTH:** This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

**SIXTH:** If other than the date of filing, the delayed effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

Upon filing

**SEVENTH:** Signature(s) for Each Party:

| Name of Entity/Organization:        | Signature(s):   | Typed or Printed Name of Individual: |
|-------------------------------------|---|--------------------------------------|
| Biomat Florida Services, LLC        |  | Chad F. Phipps, Manager              |
| Zimmer Biomat CMF and Thoracic, LLC |  | Chad F. Phipps, Manager              |
| _____                               | _____   | _____                                |
| _____                               | _____   | _____                                |

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|                                   |   |
|-----------------------------------|---|
| Corporations:                     | Chairman, Vice Chairman, President or Officer<br>(If no directors selected, signature of incorporator.) |
| General partnerships:             | Signature of a general partner or authorized person   |
| Florida Limited Partnerships:     | Signatures of all general partners  |
| Non-Florida Limited Partnerships: | Signature of a general partner  |
| Limited Liability Companies:      | Signature of an authorized person   |

|   |         |  |         |
|---|---------|--|---------|
| <b><u>Fees:</u></b> For each Limited Liability Company: | \$25.00 | For each Corporation:                    | \$35.00 |
| For each Limited Partnership:                           | \$52.50 | For each General Partnership:            | \$25.00 |
| For each Other Business Entity:                         | \$25.00 | <b><u>Certified Copy (optional):</u></b> | \$30.00 |