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(City/State/Zip/Phone #)	 -
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PICK-UP WAIT MAIL	
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DIVISION OF AND STATE



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 13, 2004

TIMOTHY TANOREDI 11552 PROSPEROUS DR. ODESSA, FL 33556

SUBJECT: AEGIS VASCULAR SCIENCES

Ref. Number: W04000030964

We have received your document for AEGIS VASCULAR SCIENCES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 804A00050224

04 SEP - | AVIII: 25

TRANSMITTAL LETTER

TO: Registration Section Division of Corporation	is
SUBJECT: <u>AEGIS</u>	VASCULAR SCIENCES, L.L. C. (Name of corporation - must include suffix)
	(Name of corporation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by F "Certificate of Existence," and o transact business in Florida.	oreign Corporation for Authorization to Transact Business in Florida," check are submitted to register the above referenced foreign corporation to
Please return all correspondence	concerning this matter to the following:
Timoth	4 TANOREDI
	(Name of Person)
16615	VASCUTAR SCIENCES, LIGO
	(Firm/Company)
11552	Prosperous Dr
	(Address)
Odes:	59 FC 33556 (City/State and Zip code)
	(City/State and Zip code)
For further information concern	ing this matter, please call:
(Namy of Person)	at (727) 375 8484 (x205) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporation	
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the follo	wing amount:
	3.75 Filing Fee & Status Statu

Certified Copy

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	! :		
SUBJECT: Aegis Vascular Science	es, L.L.C.		
	(Name of Limited Liability Company)		
	rign Limited Liability Company for Authorization to Transact Bushand check are submitted to register the above referenced foreign less in Florida		t
Please return all correspondence co	oncerning this matter to the following:		
Timo	thy N. Tangredi		
-	(Name of Person)		
Aegis Vascular Sciences	, L.L.C.		
	(Firm/Company)		
4326 Clairidge Way			
	(Address)		
Palm Harbor, Flo	rida 34685		
	(City/State and Zip Code)		
For further information concerning	this matter, please call:	.	_
Timothy Tangredi	at (727) 375-8484 (X205)	04 SE2	i Fri Fri Fri
(Name of Pe	erson) (Area Code & Daytime Telephone Number)	<u> </u>	
STREET ADDRESS:	MAILING ADDRESS:		3 . 2 . 2 2
Registration Section	Registration Section		
Division of Corporations	Division of Corporations	N :	
409 E. Gaines Street	P.O. Box 6327	UT O	ŝ
Tallahassee, Florida 32399	Tallahassee, Florida 32314		
Enclosed is a check for the following	ng amount:		
□ \$125.00 Filing Fee	0.00 Filing Fee & \$\sum \$155.00 Filing Fee & \$\sum \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certificate of Status		У

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Aegis Vascular Scier	ices, L.L.C. (Name of Foreign Li	mitad Fi	ability Company	
	(Name of Foreign Li	mued Li	adiniy Company)	
Delaware		3.	n/a	
(Jurisdiction under the company is organized)	aw of which foreign limited lia	bility	(FEI number, if applicable)	
{1} 6/8/04	1	5	Perpetual	
	Organization)	٠.	(Duration: Year limited liability company will c exist or "perpetual")	ease to
5	;	· ·		
	(Date first transacted busines (See sections 608.501 & 608.5	s in Flor 02 F.S.	ida, if prior to registration.) o determine penalty liability)	
7. 11552 Prosperous D			,	
Odessa, Florida 335	56			
		ddress o	Principal Office)	
3. If limited liability	company is a manager-man	naged o	company, check here 🔽	
. The name and usua	il business addresses of the	e mana	ging members or managers are as follows:	
		*	STORES - ALL	ىدىر م <i>ىدور</i>
HEGIS DIC	SCIENCES, L.L.C1	11920	Prosperous Ar. Odessa Fi	<u> </u>
			The second secon	0
	<u> </u>		The state of the s	04 SEP
The second of th	Transmission of the second second	* .		
<u> </u>				
0. Attached is an original	certificate of existence, no more th	nan 90 da	rys old, duly authenticated by the official having custo	xdv of reco
			is not acceptable. If the certificate is in a foreign lang	
ranslation of the certificate	under outh of the translator must	be subm	itted.)	# *
			•	25
1. Nature of busines	s or purposes to be conduc	eted or	promoted in Florida: Development and	
licensing of polymer	coatings for use in biomedica	al device	98	•
	111/	$\overline{\mathcal{L}}$	101600	
	- VIHORU I	1/	(AU(ASTO) - tresident	
	Signature of a member of	an autl	norized representative of a member.	
	(In accordance with section 608.4)	08(3), F.S	., the execution of this document constitutes	
) [y that the facts stated herein are true.)	
		Mon		
	Typed or p	rinted:	name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	the Limited Liability Company is:
Aegis Vascular S	ciences, L.L.C.
2. The name ar	d the Florida street address of the registered agent and office are:
	Timothy N. Tangredi
	(Name)
	11552 Prosperous Drive
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Odessa FL 33556
	City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Signature)

K SEP - I AM II:

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

- > Pursuant to s.608.503(1), Florida Statutes, the attached application must be completed in its entirety.
- The foreign limited liability company must submit an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- > The fees to register are as follows:

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

- A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- A transmittal letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St.

Tallahassee, FL 32399

MAILING ADDRESS:

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

A. DIRECTORS
Chairman:
Address: 4326 Clailinge Way
- Palm Harley Fr. 34685
Vice Chairman:
Address:
Director: David Vachon
Address: 16107 Houvest St.
Granada Hills CA 91344
Director: Gary Wyelc
Address: 5455 North Marginal Rd, ARt 304
Cleveland Ottio 44114
B. OFFICERS
President: Imothy langrede
Address: 4326 Clarifique Way
Falm Harly FL 34685
Vice President: David Vachon
Address: 16107 Harvest St.
Granada Hills, CA 91344
Secretary: Gary Wae IC
Address: 5455 Walth Marginal Rd - Apt 304 Cleveland, OH 44114
Treasurer: Timothy Jangredi
Address: 4326 Clairidge Way, Palm Harlin Fl 34685
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Director or Officer listed in pumber 12 of the application)
14. Timothy Tongredi - Headent.
(Typed or printed plane and canacity of person signing application)

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Delaware

The First State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AEGIS VASCULAR SCIENCES, L.L.C." IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE SECOND DAY OF JULY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Warriet Smith Windson Secretary of State

AUTHENTICATION: 3212681

DATE: 07-02-04

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