

M05000003173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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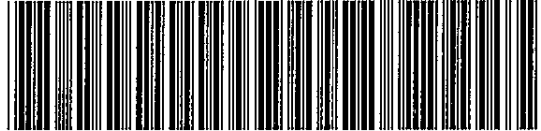
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN 13 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 422235 4306285  
AUTHORIZATION : *Patricia Pizit*  
COST LIMIT : \$ 125.00

ORDER DATE : June 10, 2005

ORDER TIME : 10:54 AM

ORDER NO. : 422235-005

CUSTOMER NO: 4306285

CUSTOMER: Gretchen Snyder  
Barnes & Thornburg  
Merchants Bank Building  
11 South Meridian Street  
Indianapolis, IN 46204

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FOREIGN FILINGS

NAME: PROMEX TECHNOLOGIES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER: \_\_\_\_\_

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Promex Technologies, LLC  
(Name of Foreign Limited Liability Company)
2. Indiana  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 35-2123347  
(FEI number, if applicable)
4. 11/17/2000  
(Date of Organization)
5. Perpetual  
(Duration; Year limited liability company will cease to exist or "perpetual")
6. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 3049 Hudson Street  
Franklin, IN 46131  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Kohala, Inc., 3049 Hudson Street, Franklin, IN 46131

Bobbie Megan, Inc., 6402 Bergeson Way, Indianapolis, IN 46278

H & O Corp., 7510 E. 82nd Street, Indianapolis, IN 46256

10. Attached is 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.)

11. Nature of business or purposes to be conducted or promoted in Florida: Manufacturing and sales of Medical Devices

Sean Miller  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sean Miller, President

Typed or printed name of signee

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JUN 13 4:15 PM  
CLERK OF SUPERIOR COURT  
INDIANAPOLIS, INDIANA

**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:

Promex Technologies, LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

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.*

Corporation Service Company

By: *Sherry A. Seale*

(Signature)

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

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STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

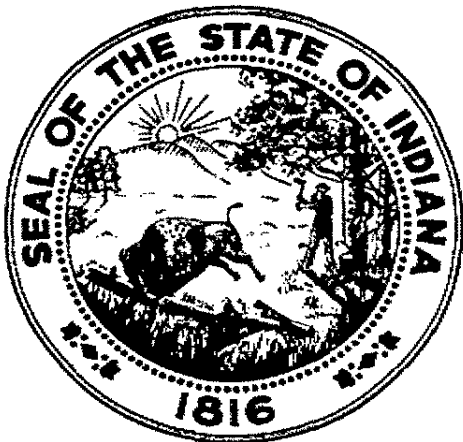
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**PROMEX TECHNOLOGIES, LLC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 17, 2000, and was in existence or authorized to transact business in the State of Indiana on June 10, 2005.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Tenth Day of June, 2005 .

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State

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