Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000060090 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5926

ORIDA/FOREIGN LIMITED LIABILITY CO.

GE Healthcare IITS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

G. MCLEOD

MAR 1 0 2008

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	GE Healthcare ITTS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	LC.")	
CO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a casent of the managers or managing members adopting the alternate name. The alternate name must include "Linempany," "L.L.C.," "LLC.")	oopy of th nited Liab	e written ility
2	Delaware 3, 770699607		
Ī	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		-
Δ	09/13/2007 5, Parpetual		=======================================
••	(Date of Organization) (Duration: Year limited liability company will exist or "perpetual")		SECRE
6.	(Date first transacted business in Florida, if prior to registration.)	<del>-~~</del>	-유로-
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)	~~1	225
7	540 West Northwest Highway, Barrington, IL 60010		필유
,	340 West (Astronomer Citigriway, Darrington, 12 00010	<u> </u>	_ 第2
		N	
	(Street Address of Principal Office)	Ċ.	34 O 17
<b>}</b> .	The name and usual business addresses of the managing members or managers are as follow  General Electric Co 3135 Easton Turnpike, Fairfield, CT 06431	's: 	_
he	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having or jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign is station of the certificate under oath of the translator must be submitted.)		
! 1 .	Nature of business or purposes to be conducted or promoted in Florida:		_
	Developing, supporting, sales, marketing of medical devices		
	V'Wamlin		
	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.)		٠
	Vishal Wanchoo, Authorized Representative		
	Typed or printed 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.

GE HEBILI	ncare IITŞ LLC
If name u	mavailable, the alternate name to be used in the state of Florida is:
2. The n	ame and the Florida street address of the registered agent and office are:
	C T Corporation System
	(Name)
	1200 South Pine Island Road
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Plantation FL 33324
	City/State/Zip
liability of agent and relating to obligation	een named as registered agent and to accept service of process for the above stated limited ompany at the place designated in this certificate, I hereby accept the appointment as regis lagree to act in this capacity. I firther agree to comply with the provisions of all statutes to the proper and complete performance of my duties, and I am familiar with and accept the as of my position as registered agent as provided for in Chapter 608, Florida Statutes.
liability of agent and relating to obligation	ompany at the place designated in this certificate, I hereby accept the appointment as regis I agree to act in this capacity. I further agree to comply with the provisions of all statutes to the proper and complete performance of my duties, and I am familiar with and accept the is of my position as registered agent as provided for in Chapter 608, Florida Statutes.
liability of agent and relating to obligation	ompany at the place designated in this certificate, I hereby accept the appointment as regis I agree to act in this capacity. I further agree to comply with the provisions of all statutes to the proper and complete performance of my duties, and I am familiar with and accept the is of my position as registered agent as provided for in Chapter 608, Florida Statutes.
liability of agent and relating to obligation	ompany at the place designated in this certificate, I hereby accept the appointment as regis I agree to act in this capacity. I further agree to comply with the provisions of all statutes to the proper and complete performance of my duties, and I am familiar with and accept the as of my position as registered agent as provided for in Chapter 608, Florida Statutes.  Taking System

5.00 Certificate of Status (optional)

## Delaware

DACE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GE HEALTHCARE IITS LLC" 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 TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2008.

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

4422994 8300

080253533

You may verify this certificate coline at cosp. delevers, gov/authors. shtml

Names Smile Mandan

Harriet Smith Windsor, Secretary of State

AUTRENTICATION: 6415410

DATE: 02-28-08