

M11000001180

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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EXAMINER



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FILED
11 MAR - 7 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



March 2, 2011

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madame:

RE: Biomet Trauma, LLC

Enclosed for filing please find the original and one copy of the Application by Foreign Limited Liability Company for Authorization to Transact Business. Also enclosed please find our check in the amount of \$125.00 for the filing fee. Please return a date-stamped copy and the certificate of authority to me at the address below.

RE: EBI, LLC

Enclosed for filing please find the original and one copy of the Written Consent to Adopt Alternate Name for Use in the State of Florida. Please return a date-stamped copy to me at the address below.

If you have any questions or concerns, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Shelley Horn".

Shelley Horn
Legal Assistant
Corporate Governance
shelley.horn@biomet.com

Mailing Address:

P.O. Box 587
Warsaw, IN 46581-0687
Toll Free: 800-348-9500
Office: 574-276-6639
Direct: 574-372-1542
Legal Dept. Fax: 574-372-1960

Shipping Address:

56 East Bell Drive
Warsaw, IN 46582

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Biomet Trauma, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Shelley Horn

Name of Person

Biomet, Inc.

Firm/Company

56 E. Bell Dr.

Address

Warsaw, IN 46582

City/State and Zip Code

shelley.horn@biomet.com

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

For further information concerning this matter, please call:

Shelley Horn

Name of Person

at (574)

372-1542

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. Biomet Trauma, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Indiana

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-3309062

(FEI number, if applicable)

4. 08/23/2010

(Date of Organization)

5. perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 56 E. Bell Dr., Warsaw, IN 46582

(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:

Bradley J. Tandy, 56 E Bell Dr., Warsaw, IN 46582

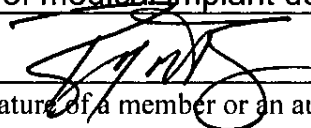
Jeffrey R. Binder, 56 E Bell Dr., Warsaw, IN 46582

Michael T. Hodges, 56 E. Bell Dr., Warsaw, IN 46582

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:

sale and marketing of medical implant devices


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. I am aware that any 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.)

Bradley J. Tandy, Manager

Typed or printed name of signee

FILED
11 MAR - 7 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Biomet Trauma, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Corporate Creations Network, Inc.

(Name)

11380 Prosperity Farms Road #221E

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

Palm Beach Gardens FL 33410

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.

Valerie Hawk-Donohue

(Signature)

Valerie Hawk-Donohue, Special Secretary

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

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

To Whom These Presents Come, Greetings:

I, Charles P. White, 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

BIOMET TRAUMA, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on August 23, 2010, and was in existence or authorized to transact business in the State of Indiana on January 27, 2011.

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 Twenty-Seventh Day of January, 2011.

Charles P. White

Charles P. White, Secretary of State

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