M 11 00000 3605

| (Requestor's Name) | |
|-----------------------------------------|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |

Office Use Only

B. KOHR
JUL 1 8 2011
EXAMINER



700210105517

07/18/11--01026--012 **125.00





CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT: KATIE WONSCH** DATE: 07/15/2011 ****REF. #: 001668.151338 CORP. NAME: BEAMONE, LLC (() ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION (,) ANNUAL REPORT () FICTITIOUS NAME () TRADEMARK/SERVICE MARK XX) FOREIGN QUALIFICATION () LIMITED LIABILITY () LIMITED PARTNERSHIP () WITHDRAWAL (~;) REINSTATEMENT () MERGER () CERTIFICATE OF CANCELLATION () ÔTHER: STATE FEES PREPAID WITH CHECK# 540685 AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: **COST LIMIT: \$** PLEASE RETURN:

() CERTIFICATE OF GOOD STANDING

(XX) PLAIN STAMPED COPY

(i) CERTIFICATE OF STATUS

Examiner's Initials

·) CERTIFIED COPY

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

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

| BeamOne, LLC | • |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC | 3.") |
| | |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a co- consent of the managers or managing members adopting the alternate name. The alternate name must include "Limit Company," "L.L.C," "LLC.") | by of the written and Liability |
| | |
| 2. Delaware 3. 20-1841324 (FEI number, if applicable) | |
| company is organized) | |
| 4. 11/3/04 5. Perpetual | |
| (Date of Organization) (Duration: Year limited liability company will exist or "perpetual") | cease to |
| 6. 7/15/11 | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | |
| 7. 9333 Genesee Avenue, Suite 110 | |
| | - ECC |
| San Diego, CA 92121 (Street Address of Principal Office) | 三星舞 |
| (Street Address of Principal Office) | 5 |
| 8. If limited liability company is a manager-managed company, check here 🗸 | PH |
| 9. The name and usual business addresses of the managing members or managers are as follows: | · 49 14 15 |
| Synergy Health US Holdings Limited | 5 95 |
| 9333 Genesee Avenue, Suite 110 | · · · · · · |
| San Diego, CA 92121 | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cust the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language translation of the certificate under eath of the translator must be submitted.) | |
| 11. Nature of business or purposes to be conducted or promoted in Florida: Sterilization of | |
| medical devices / / / | · |
| Jaw Jish | |
| 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, | |
| J. Larry Gabele | 1.5., |
| 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.

| 1. The name of the Limited Liability Company is: BeamOne, LLC | | |
|----------------------------------------------------------------|---------------------------------------------|--|
| If unavailable, the alternate to be used in | the state of Florida is: | |
| 2. The name and the Florida street address | ess of the registered agent and office are: | |
| CT Corporation Sys | stem | |
| | (Name) | |
| 1200 South Pine Is | sland Road | |
| Florida Street | Address (P.O. Box NOT ACCEPTABLE) | |
| Plantation, | FL 33324 | |
| | 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)

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BEAMONE, 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 EIGHTH DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEAMONE, LLC" WAS FORMED ON THE THIRD DAY OF NOVEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3876724 8300

110702650

AUTHENTY CATION: 8819566

DATE: 06-08-11

You may verify this certificate online at corp.delaware.gov/authver.shtml