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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

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Permil	Address:			

Foreign Limited Liability Company **BIOVENTUS LLC**

Certificate of Status	0
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1/5/2012

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI		
	Nan	e of Limited Liability Company
The en Bxister	closed "Application by Foreign Limited Liabi nee, and check are submitted to register the ab	illy Company for Authorization to Transact Business in Florida," Certificate of love referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this man	tter to the following:
	Robert A. Lucas	
		Name of Person
	Smith & Nephew, Inc.	
		Pirm/Company
	1450 Brooks Road	
		Address
	Memphia, TN 38116	
		City/State and Zip Code
	dlana.houston@smith-pephew.com	
	E-mail address: (t	o be used for future annual report notification)
Por fu	ther information concerning this matter, please	se call:
	Robert A. Lucas	at (330 659-0416
	Name of Person	Area Code & Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations
	Registration Section P.O. Box 6327	Registration Section Clifton Building
	Tallahassee, PL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclo	osed is a check for the following amounts: S125.00 Piling Fee	e & [75155,00 Filing Fee & [75160.00 Filing Fee, Certificate

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

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S	TATE OF FLORIDA:
1. BIOVENTUS LLC (Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the unanagers or managing members adopting the altern Company," "L.L.C," "LLC,")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
2. Delaware 3.	45-3935628
(Jurisdiction under the law of which foreign fimited liability company is organized)	(FBI number, if applicable)
4. November 23, 2011 5.	Perpetual 7
(Date of Organization)	(Duration: Year limited liability company will cease 10 exist or "perpetual")
6, ^{N/A}	PS TO 1
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
7. 1450 E. Brooks Road, Suite 301	FLORE 8:
Memphis, TN 38116-1804	21 2 2 B
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed c	ompany, check here 🛛
9. The name and usual business addresses of the manag	ging members or managers are as follows:
Robert A. Lucas, 4418 Forest Brooke Court, N., Richfield, Ol	1 44286
John W. Campo, 150 Minuteman Road, Andover, MA 01810	
Alan Carlton, 4721 Emperor Boulevard, Durham, NC 27703	· ` `
10. Attached is an original certificate of existence, no more than 90 da the jurisdiction under the law of which it is organized. (A photocopy intensiation of the certificate under outh of the translator must be submit 11. Nature of business or purposes to be conducted or p	is not acceptable. If the certificate is in a foreign language, a tect.)
Robert A. &	lucas
	porized representative of a member.
penalties of perjury that the facts stated berein are true.	ion of this document constitutes an affirmation under the I am aware that any false information submitted in a third degree felony as provided for in a.817.155, P.S.)
Robert A. Luças	<u> </u>
Typed or printed t	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:	
		In the state of Florida is:	
2. The name	and the Florida street ad	dress of the registered agent and office are:	12 JAN SECRET
	CT Corporation System	(Name)	ASSER ASSER
	1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)		AH 8: 21 FLORIDA
	Plantation	PL 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.

By: (Signature)

CT Corporation System James M. Halpin
Assistant Secretary

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOVENTUS 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 THIRD DAY OF JANUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIOVENTUS LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2011.

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

5065678 8300

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You may varify this certificate upline at corp. deleware.gov/authver.antel

DATE: 01-03-12