

M14 000 000 892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

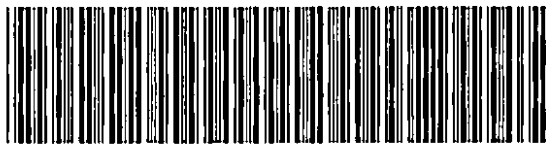
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/09/21--01027--020 **25.00

FILED
2021 FEB -9 AM 9:23
SECRETARY OF STATE
TALLAHASSEE FL

3/30/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prism Medical Products, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lucy Ketner

Name of Person

Prism Medical Products

Firm/Company

112 Church Street, Suite 101

Address

Elkin, NC 28621

City/State and Zip Code

compliance@prism-medical.com

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

For further information concerning this matter, please call:

Elizabeth Hyde

at (336) 258-4373

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

2021 FEB -9 AM 9: 23

SECTION I (1-4 must be completed)

SECRETARY OF STATE
TALLAHASSEE, FL

1. Name of limited liability Company as it appears on the records of the Florida Department of State: PRISM MEDICAL PRODUCTS, L.L.C.

Enter new principal office address, if applicable: No Change

*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: No Change

*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M1400000892

3. Jurisdiction of its organization: North Carolina

4. Date authorized to do business in Florida: 02/06/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

City Florida *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Delaware

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	James St. Cyr.	112 Church Street	<input checked="" type="checkbox"/> Add
		Elkin, NC 28621	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Lucy Ketner

Signature of the authorized representative

Lucy Ketner

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

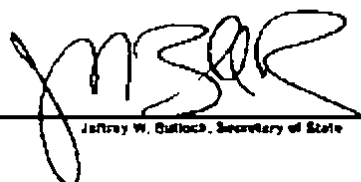
Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRISM MEDICAL PRODUCTS, L.L.C." 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 FIFTH DAY OF JANUARY, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

4587530 8300

SR# 20210020801

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

Authentication: 202215352

Date: 01-05-21

**STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT**

1. The jurisdiction where the Non-Delaware Limited Liability Company first formed is North Carolina.
2. The jurisdiction immediately prior to filing this Certificate is North Carolina.
3. The date the Non-Delaware Limited Liability Company first formed is August 14, 2006.
4. The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is Prism Medical Products, L.L.C.
5. The name of the Limited Liability Company as set forth in the Certificate of Formation is Prism Medical Products, L.L.C.
6. This Certificate of Conversion shall be effective as of 9:30 a.m. on December 31, 2020.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on December 30, 2020.

DocuSigned by:
By: Christopher J. Cartwright
737412C99A05422
Name: Christopher J. Cartwright

CERTIFICATE OF FORMATION
OF
PRISM MEDICAL PRODUCTS, L.L.C.

This Certificate of Formation of Prism Medical Products, L.L.C. (the "LLC") is being duly executed and filed by Brian Lee, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del.C. § 18-101, et seq.).

FIRST: The name of the limited liability company formed hereby is Prism Medical Products, L.L.C.

SECOND: The address of the registered office of the LLC in the State of Delaware and the name and address of the registered agent for service of process on the LLC in the State of Delaware are: Incorp Services, Inc., 919 North Market Street, Suite 950, Wilmington, County of New Castle, Delaware 19801.

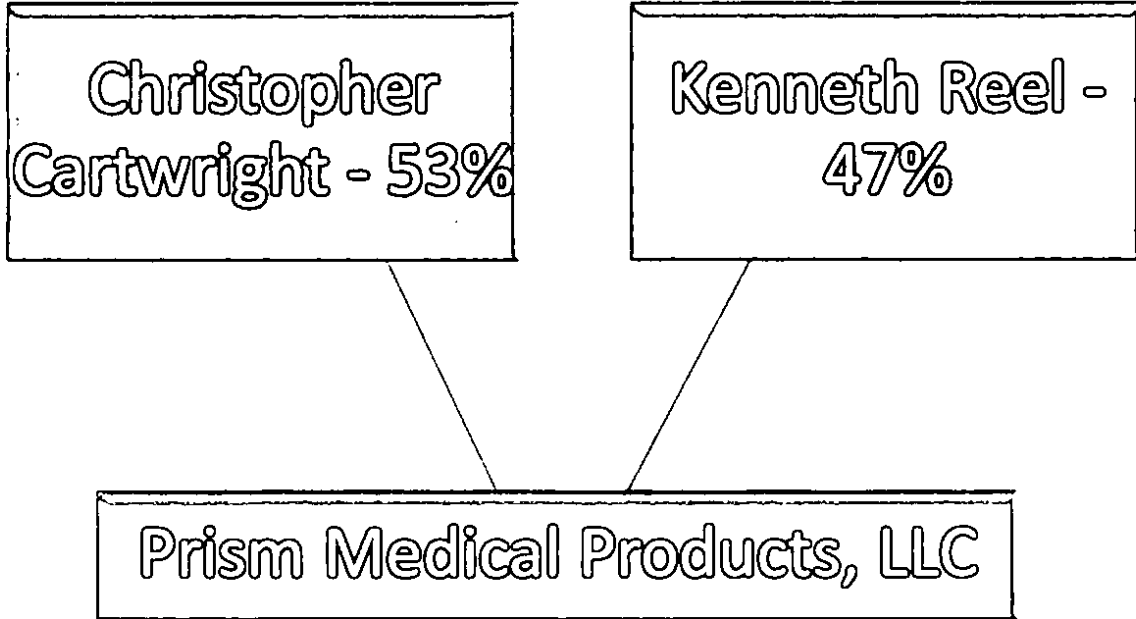
THIRD: This Certificate of Formation shall be effective as of 9:30 a.m. on December 31, 2020.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of this 30th day of December 2020.

By: /s/ Brian Lee
Name: Brian Lee
Title: Authorized Person

Prism Pre/Post Closing Information

Pre-Closing Structure



Post-Closing Structure

