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2018 JAN 19 PM 4:41
FALCON DIST. FLORIDA
STATE

JAN 19 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Excelsior Medical, 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:

Carla Banuelos

Name of Person

Medline Industries, Inc

Firm/Company

One Medline Place

Address

Mundelein, IL 60060

City/State and Zip Code

cbanuelos@medline.com

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

For further information concerning this matter, please call:

Carla Banuelos

at (847)

643-4379

Name of Contact Person

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



RECEIVED
2016 JAN 19 PM 3:20
FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

January 4, 2016

CARLS BANUELOS
OME MEDLINE PLACE
MUNDELEIN, IL 60060

SUBJECT: EXCELSIOR MEDICAL, LLC
Ref. Number: W16000000190

We have received your document for EXCELSIOR MEDICAL, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 716A00000078

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Excelsior Medical, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Illinois 3. 32-0473772
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. One Medline Place
Mundelein, IL 60060
(Street Address of Principal Office)

6. One Medline Place
Mundelein, IL 60060
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 application, 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.

Rebecca Barth Rebecca Barth, Assistant Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

See attached

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Kristofer Howard
Typed or printed name of signer

2016 JAN 19 PM 4:41
RECEIVED
TALLAHASSEE, FLORIDA

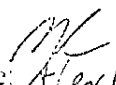
Manager Election of Officers

Pursuant to Section 10 of that certain "Operating Agreement of Excelsior Medical, LLC," dated and effective September 1, 2015, Medline Industries, Inc., the Manager of Excelsior Medical, LLC, hereby appoints the following officers of Excelsior Medical, LLC:

President	David Greenberg
Vice President - Operations	Dante Tisci
Chief Financial Officer	Kristofer Howard
General Counsel	Alex Liberman
Vice President -- Regulatory	Lara Simmons

Action taken this 15th day of December, 2015:

Excelsior Medical, LLC, by its Manager, Medline Industries, Inc.

Signature: 

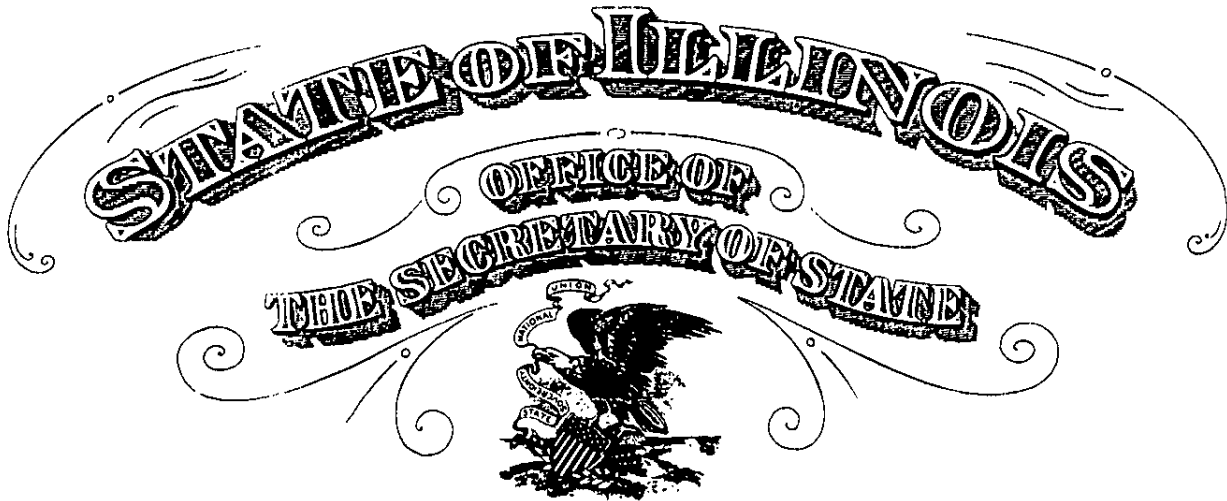
Print Name: *Alex Liberman*

Title: *General Counsel*

FILED
2016 JAN 19 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number

0543231-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

EXCELSIOR MEDICAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 22ND
day of DECEMBER, A.D. 2015



Authentication #: 1535601226 verifiable until 12/22/2016
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE