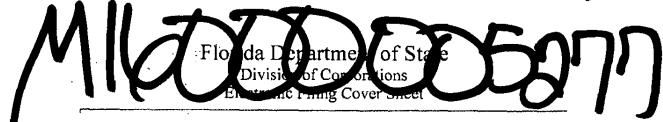
6/30/2016 12:38:19 PM From: To: 8506176383(1/4)

Division of Corporations

Page 1 of 2

Kile 2^{ng} Withdrawal Hiusopisa127



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

rax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

: (850)205-8842

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Foreign Limited Liability Company Thoratec LLC

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JUL 01 2016

S. YOUNG

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Corporate Filing Menu

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	ation Section n of Corporation	eac				·	
	oratec LLC						
SUBJECT:		Name o	of Limited Liability	Company			
					ransact Business in Florida," C ry company to transact busines		
Please return all	correspondence	concerning this matter to the	e following:		•		
	Andrea Mitlyr	ng.					,
			Name of Person		- Allendaria		
•	- St. Jude Medie	cal, Inc.					
			Firm/Company				
	One St. Jude N	Medical Drive					
		10-10-10-10-10-10-10-10-10-10-10-10-10-1	Address			Fig.	
•	St. Paul, MN 5	55117				5	
		City/	State and Zip Code				1 4
;	anuitlyng@sjm.c	nn				3	٣.
		E-mail address: (to be us	ed for future annua	report no	titica(ion)	2 00	
For further inform	nation concernin	ng this matter, please call:				وي منه بالروسي الروسي	
Andrea	Mulyng		651 at (756-57	757	16 JUN 30 PM 1: 02	4
	Name	of Contact Person	Area Code	Day	time Telephone Number		
Division Registrat F.O. Box	NG ADDRESS: of Corporations tion Section x 6327 see, FL 32314	,		Division Registrat Clifton B 2661 Exc	r ADDRESS: of Corporations ion Section fullding secutive Center Circle see, FL 32301		,
Enclosed is a chec	ck for the follow 00 Filing Fee	ring amount: \$\Pi\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ıg Fec &	☐ \$160.00 Filing Fee. Cert of Status & Certified Copy		

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 RESTRIESS IN THE STATE OF PLORIDA.

Thoratec LLC					
(Name of For	eign Limited Liability C	ompany: must inclu	de "Limited Lia	ulity Company," "L.	L.C.," or "LLC.")
Liability Company," "L.L.C.	Iternate name adopted fo	or the purpose of tra	nsacting busines	s in Florida. The alte	mate name must include "Limited
2 California		3.	94-2340464		
(Jurisdiction under the law company is organized)	of which foreign limited	d liability		(FEI number, if ap	pplicuble)
4	(Date first trans	acted business in F 0904 & 605,0905, 1	orida, if prior to	registration.)	
5 6035 Stoneridge Drive		0904 & 605,090 5 . 1	F.S. to determine	penalty liability)	
Pleasanton CA 94588		**	ifikkale (Magangan) papara a "Milangang gada" (7 °	7 1 - No.1
		Address of Principa	al Office)		
6. 6035 Stoneridge Drive					16 JUN 30
Pleasanton CA 94588					
,		(Mailing Address	•		<u>ي</u>
7. Name and street addres	s of Florida registered CT Corporation Sy:	<u> </u>	NOT accepts	ble)	-o -c
Name:			·····		التقديد مسيد
Office Address:	1200 South Pine Isl	*			1: 02
	Plantation			, Florida 33324	
Registered agent's accep-	funce:	(City)		(Zip t	rode)
designated in this application complywith the provision accept the obligations of n	tion, I hereby accept to ons of all statutes rela my position as register	he appointment a tive to the proper	s registered ag and complete	ent and agree to a	ed liability company at the place et in this capacity. I further agree y dutles, and I am familiar with an Cristie Myers
		(Registered age	nt's signature)	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	
8. The name, title or caps	city and address of the	person(s) who ha	s/have authorit	ry to manage is/are	Asst. Secretary
Board of Managers: Dona	ld J. Zurbay, Jeffrey A	. Dallager, Jason	Zellers , Kashi	f Rashid and J.Aro	n Allen
One St. Jude Medical Driv	oSt. Paul, MN 55117				4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Attached is a certificate urisdiction under the law uf the translator must be su	of which it is organized	i. (If the celeficat	e is in a foreign	ted by the official I language, a transl	having custody of records in the ation of the certificate under outh
This document is executed	in unnordance with see	Signature of a sau	•	atutee I am aurora	that any false information
ubmitted in a document to	the Department of Sta				
,	Jason Zellers				# \$ -1
		Typed or printed na	ame of signee		

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FILE NUMBER: FORMATION DATE:

TYPE:

JURISDICTION:

STATUS:

201531610279

11/12/2015

DOMESTIC LIMITED LIABILITY COMPANY

CALIFORNIA

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 28, 2016.

> ALEX PADILLA Secretary of State