

1/26/2017

F19000001929

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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.

(((H17000025041 3)))



H170000250413ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION**ICU Medical Sales, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

RECEIVED

2017 JAN 26 PM 2:51

TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JAN 26 PM 2:36

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

S Warren

JAN 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICU MEDICAL SALES, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Norine Nagel

Name of Person

CT Corporation System

Firm/Company

8020 Excelsior Drive, Suite 200

Address

Madison, WI 53717

City/State and Zip code

vsanzone@icumed.com

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

For further information concerning this matter, please call:

Virginia Sanzone

at (949)

366-3553

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ICU MEDICAL SALES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 06-1211921
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/16/2001 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 951 CALLE AMANECER, SAN CLEMENTE, CA 92673
(Principal office address)
- same
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)
9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation 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.
C T Corporation System
By: [Signature] (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

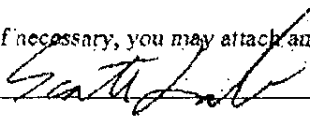
B. OFFICERS *SEE ATTACHMENT*

President: _____

Address: _____

Vice President: Scott E. LambAddress: 951 Calle Amanecer, San Clemente, CA 92673Secretary: Scott E. LambAddress: 951 CALLE AMANECER, SAN CLEMENTE, CA 92673Treasurer: Scott E. LambAddress: 951 CALLE AMANECER, SAN CLEMENTE, CA 92673

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Scott E. Lamb, Vice President

(Typed or printed name and capacity of person signing application)

**Attachment to Florida
Officers & Directors**

1	Full Name:	Scott E. Lamb
	Officer/Director:	Officer / Director
	Officer's Title:	CFO
	Director's Title:	
	Business Address:	951 CALLE AMANECER
	City:	SAN CLEMENTE
	State:	CA
	ZIP Code:	92673
2	Full Name:	KEVIN MCGRODY
	Officer/Director:	Officer
	Officer's Title:	Controller
	Director's Title:	
	Business Address:	951 CALLE AMANECER
	City:	SAN CLEMENTE
	State:	CA
	ZIP Code:	92673
3	Full Name:	Vivek Jain
	Officer/Director:	
	Officer's Title:	
	Director's Title:	Director
	Business Address:	951 CALLE AMANECER
	City:	SAN CLEMENTE
	State:	CA
	ZIP Code:	92673

FILED
JAN 26 P 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICU MEDICAL SALES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



3414573 8300

SR# 20170467835

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 201936856

Date: 01-26-17