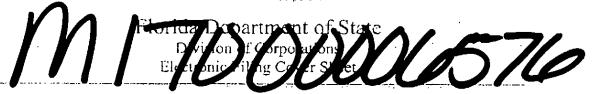
8/1/2017

Division of Corporations



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Foreign Limited Liability Company ACRON Medical, LLC

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CUDI	ACRON Medical, LLC				
ac Du		e of Limited Liability	Сопрапу		
	nclosed "Application by Foreign Limited Liability C mee, and check are submitted to register the above i				
Please	e return all correspondence concerning this matter to	the following:			
	Gary A. Forster, Esq.				
		Name of Person	<u></u> .		
	Forsier Boughman & Lefkowitz				
		Firm/Company		· · · · · · · · · · · · · · · · · · ·	
	2200 Lucien Way, Suite 405				
		Address			
	Maitland, FL 32751				
	Ci	ity/State and Zip Code	:	,	
	Forster@FBL-Law.com			Dy 2	
	E-mail address: (to be	used for future annua	l report notification)	FE	
For fur	rther information concerning this matter, please call	:	255-2055	2017 AUG	FILED
	Gary A. Forster, Esq.	407 ut (255-2055	-2 SSEE	'n
	Name of Contact Person	Area Code	Daytime Telep	tione Tumber 12	D
	MAILING ADDRESS:		STREET ADDRES	STATE CORION	
	Division of Corporations		Division of Corpora	tions	
	Registration Section		Registration Section	, S	
	P.O. Box 6327		Clifton Building		
	Tallahassee, FL 32314		2661 Executive Cen		
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, ACRON Medical, LLo	2			
(Name of For	eign Limited Liability Company; must include "Limited Lini	oility Company," "L.L.C.	" or "LLC.")	
(If name unavnilable, enter a Liability Company,'' "L.L.C		a in Florida. The alternate	name must in	clude "Limited"
2. Delaware	3. 32-0530870			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applica	able)	
4	March 6, 2017			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) penalty liability)		
5. 1800 Pembrock Drive	, Suite 300	· · · · · · · · · · · · · · · · · · ·		
Orlando, FL 32810				
	(Street Address of Principal Office)		 -	
5. 1800 Pembrock Drive,	Suite 300	·	<u>-</u>	
Orlando, FL 32810		7 /2	201	
	(Mailing Address)	∑	1	77
7. Name and street addres	s of Florida registered agent: (P.O. Hox NOT accepts	ble) ∺	AU6	
Name:	Guillaume Viallaneix	SSI	. 2	-
Office Address;	377 Mailland Avenue, Suite 1015	<u> </u>	· >	
• • • • • • • • • • • • • • • • • • • 	Altamonte Springs	Florida 32701	. =	
	(City)	(Zip code)	:	
Registered agent's accep				
Having been named as re designated in this applica	gistered agent and to accept service of process for the tion, I hereby accept the appointment as registered ag	above stated timited it ent and agree to act in	abuity comp this canacit	any at the place v. I further agree
o complywith the provision	ons of all statutes relative to the proper and complete			
accept the obligations of t	ny position as registered agent.			•
	- Walter of the second of the			
	(Represent agent's signature)			
8. The name, title or capa	icity and address of the person(s) who has/have authori	ty to manage is/are:		
•	ndreas Bernegger, Managers			
1800 Pembrock Drive, Su	ile 300			•
Orlando, FL 32810				•
 Attached is a certificate urisdiction under the law of the translator must be su 	of existence, no more than 90 days old, duly authenticate of which it is organized. (If the certificate is in a foreign abmitted)	ited by the official havi I language, a translation	ng custody o n of the certif	records in the ficate under oath
	The en (lug)) 		
	. Signature of an authorized person			
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Florida State Constitutes a third degree felor	ntutes. I am aware that ny as provided for in s.8	any false info 317.155, F.S.	ormation
	CHRISTIAN JCHA	WKDA		
	Typed or printed name of signee			



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACRON MEDICAL, 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 FIRST DAY OF AUGUST, A.D. 2017.

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

1:

6297153 8300 SR# 20175507236 You may verify this certificate online at corp.delaware gov/authver.shtml

Authentication: 202980712 Date: 08-01-17