

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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 Limited Liability Company
Mason Medical, LLC

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|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

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APR 04 2018

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. Mason Medical, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
BD Mason Florida, LLC
(If name was available, state alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")
2. New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FBI number, if applicable)
4. upon filing
(Date of transacting business in Florida, if prior to registration)
(See sections 603.0004 & 603.0005, F.S. for electronic filing law)
5. 122 Jackson Street, #1A
(Street Address of Principal Office)
Hoboken, NJ 07030
6. 122 Jackson Street, #1A
(Mailing Address)
Hoboken, NJ 07030

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

Name: Paracorp Incorporated
Office Address: 153 Office Plaza Drive, 1st Floor
Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and in 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.

PLEASE SEE ATTACHMENT

(Registered agent's signature)

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

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|--|--------------------|-------------------|
| Sole Member | Benjamin Mason 122 Jackson Street, #1A Hoboken, NJ 07030 | | |
| | | | |
| | | | |

(Use attachments if necessary)

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)

10. 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.817.153, F.S.

Thomas A. Dougherty
Thomas A. Dougherty, Authorized Representative

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

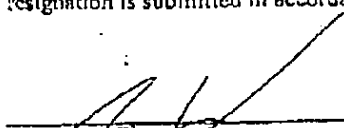
DATE: 4/2/18

ENTITY NAME: Mason Medical, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.


Milton Vong, Assistant Secretary
Paracorp Incorporated

10 APR -3 AM 9:49

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

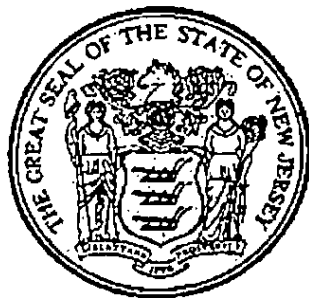
**MASON MEDICAL, LLC
0450137131**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 26, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**BENJAMIN MASON
122 JACKSON STREET
#1A
HOBOKEN, NJ 07030-5084**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
2nd day of April, 2018*

Elizabeth Maher Muoio

**Elizabeth Maher Muoio
Acting State Treasurer**

Certificate Number : 6087184976

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

10 APR -3 AM 9:49