

M22000019010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

MAIL

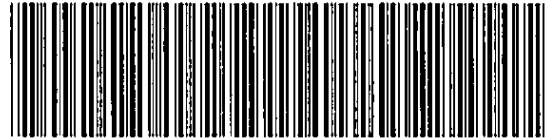
(Business Entity Name)

(Document Number)

Attified Copies _____ Certificates of Status _____

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2022 DEC 21 11:10:22

RECEIVED

2022 DEC 21 PM 3:50

ALPHASCOPE

S. ROBERTS

DEC 22 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 268534 4380657

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : December 21, 2022

ORDER TIME : 2:43 PM

ORDER NO. : 268534-010

CUSTOMER NO: 4380657

FOREIGN FILINGS

NAME: JOHNSON MATTHEY MEDICAL
DEVICE COMPONENTS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Johnson Matthey Medical Device Components 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:

Brenda Pennington

Name of Person

Johnson Matthey Medical Device Components LLC

Firm/Company

435 Devon Park Drive, Suite 600

Address

Wayne, PA 19087

City/State and Zip Code

Brenda.Pennington@jmus.com

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

For further information concerning this matter, please call:

Brenda Pennington

610

971-3088

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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. Johnson Matthey Medical Device Components LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (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)

435 Devon Park Drive, Suite 600

5. (Street Address of Principal Office)

Wayne, PA 19087

435 Devon Park Drive, Suite 600

6. (Mailing Address)

Wayne, PA 19087

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2012 DEC 21 AM 10:22

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.

Corporation Service Company
By: *Cyline Baker*
Assistant Vice President

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**
☒ Manager Name: Karil J. Black Wollitz
☐ Member Address: 435 Devon Park Drive
☐ Authorized Suite 600
Person Wayne, PA 19087
☒ Other Vice President ☒ Other Treasurer

Title or Capacity: **Name and Address:**
☒ Manager Name: Donald Freeman
☐ Member Address: 12205 World Trade Drive
☐ Authorized San Diego, CA 92129
Person
☒ Other President ☐ Other

☒ Manager Name: Charles Laffaye
☐ Member Address: 12205 World Trade Drive
☐ Authorized San Diego, CA 92129
Person
☐ Other ☐ Other

☐ Manager Name: Karen Schneck
☐ Member Address: 435 Devon Park Drive
☐ Authorized Suite 600
Person
☒ Other Secretary ☐ Other


☐ Manager Name: Brenda Pennington
☐ Member Address: 435 Devon Park Drive
☐ Authorized Suite 600
Person Wayne, PA 19087
☒ Other Asst. Secretary ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.817.155, F.S.


Signature of an authorized person

Karil J. Black Wollitz, Manager

Typed or printed name of signer

Johnson Matthey Medical Device Components LLC

As of December 21, 2022

<i>Position</i>	<i>Name</i>	<i>Address</i>	<i>Phone No</i>
Manager	Karil J. Black Wollitz	435 Devon Park Drive Bldg. 600 Wayne, PA 19087	610-971-3012
Manager	Donald Freeman	12205 World Trade Drive San Diego, CA 92128	858-716-2362
Manager	Charles Laffaye	12205 World Trade Drive San Diego, CA 92128	858-204-4137

Johnson Matthey Medical Device Components LLC

As of December 14, 2022

<i><u>Position</u></i>	<i><u>Name</u></i>	<i><u>Address</u></i>	<i><u>Phone No</u></i>
Member	Johnson Matthey Inc.	435 Devon Park Drive Bldg. 600 Wayne, PA 19087	610-971-3000
Manager	Karil J. Black Wollitz	435 Devon Park Drive Bldg. 600 Wayne, PA 19087	610-971-3012
Manager	Donald Freeman	12205 World Trade Drive San Diego, CA 92128	858-716-2362
Manager	Charles Laffaye	12205 World Trade Drive San Diego, CA 92128	858-204-4137
President	Donald Freeman	12205 World Trade Drive San Diego, CA 92128	858-716-2362
Vice President & Treasurer	Karil J. Black Wollitz	435 Devon Park Drive Bldg. 600 Wayne, PA 19087	610-971-3012
Tax Officer	Angela Feeney	435 Devon Park Drive Bldg. 600 Wayne, PA 19087	610-971-3151
Secretary	Karen Schneck	435 Devon Park Drive Bldg. 600 Wayne, PA 19087	610-971-3144
Assistant Secretary	Brenda Pennington	435 Devon Park Drive Bldg. 600 Wayne, PA 19087	610-971-3088

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JOHNSON MATTHEY MEDICAL DEVICE COMPONENTS 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 TWENTY-FIRST DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JOHNSON MATTHEY MEDICAL DEVICE COMPONENTS LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2022.

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



6682427 8300

SR# 20224340740

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

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

Authentication: 205159763

Date: 12-21-22