

M24000006589

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2024 MAY 23 11:12:13

MAY 23 2024  
K. Brumley

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 05/23/2024

Acc#I20160000072

*Cur: C DW*

|             |                   |
|-------------|-------------------|
| Name:       | Ohio Medical, LLC |
| Document #: |                   |
| Order #:    | 71169165 - 99     |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
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Email Address for Annual Report Notifications:

curtis.jewell@esab.com

|                     |
|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
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| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ **155.00**

**Thank you!**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ohio Medical, 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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

curtis.jewell@esab.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
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. Ohio Medical, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Delaware 3. 47-4906316  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon Qualification  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1111 Lakeside Drive 6. Same  
(Street Address of Principal Office) (Mailing Address)

Gurnee, IL 60031-4099

7. 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)

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.

By: Stephen Rullis Stephen Rullis, VP & Asst. Secy.  
(Registered agent's signature)

2024 JUN 23 PM 12:13

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: Curtis E. Jewell

☐ Member      Address: 909 Rose Avenue

☒ Authorized      North Bethesda, MD 20852

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager      Name: Laura A. McKenna

☐ Member      Address: 909 Rose Avenue

☒ Authorized      North Bethesda, MD 20852

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☒ Manager      Name: Kevin J. Johnson

☐ Member      Address: 909 Rose Avenue, 8th Floor

☒ Authorized      North Bethesda, MD 20852

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: Lauren W. Galbraith

☐ Member      Address: 909 Rose Avenue

☒ Authorized      North Bethesda, MD 20852

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☒ Manager      Name: Vusa A. Mlingo

☐ Member      Address: 909 Rose Ave, 8th Floor

☒ Authorized      North Bethesda, MD 20852

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: Mark B. Kurish

☐ Member      Address: 909 Rose Avenue

☒ Authorized      \_\_\_\_\_

Person      North Bethesda, MD 20852

☐ 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

CURTIS E. JEWELL, MANAGER

\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "OHIO 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 TWENTY-FIRST DAY OF MAY, A.D. 2024.

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



5809243 8300

SR# 20242320210

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 203525069

Date: 05-21-24