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Florida Department of State  
Division of Corporations  
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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 : (614)573-3996

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

Email Address: rene.ugalde@mmt-inc.com

**Foreign Limited Liability Company  
R&D ACQUISITIONCO LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$793.75

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2024 MAY 23 AM 7:39

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 MAY 23 PM 3:07

**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. R&D Acquisition Co LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
R&D Engineering company, 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. 87-3754562  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. 8/1/23  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3875 Fiscal Ct 6. 3875 Fiscal Ct  
(Street Address of Principal Office) (Mailing Address)

Suite 300 Suite 300  
West Palm Beach, FL 33404 West Palm Beach, FL 33404

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 33324  
(City) , Florida (Zip code)

6064 MAY 23 PM 3:07

**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: C T Corporation System Rachel O'Connor Rachel O'Connor | Assistant Secretary  
(Registered agent's signature)

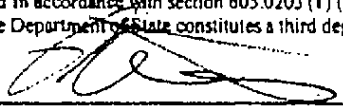
R. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Medical Manufacturing, LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>James Atkinson</u>
<input checked="" type="checkbox"/> Member	Address: <u>15105-D John J. Delaney Dr.</u>	<input type="checkbox"/> Member	Address: <u>15105-D John J. Delaney Dr.</u>
<input type="checkbox"/> Authorized	#20 _____	<input type="checkbox"/> Authorized	#20 _____
Person	<u>Charlotte, NC 28277</u>	Person	<u>Charlotte, NC 28277</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Amber Fields</u>	<input type="checkbox"/> Manager	Name: <u>Trent Sieckler</u>
<input type="checkbox"/> Member	Address: <u>15105-D John J. Delaney Dr.</u>	<input type="checkbox"/> Member	Address: <u>3875 Fiscal Ct</u>
<input type="checkbox"/> Authorized	#20 _____	<input checked="" type="checkbox"/> Authorized	Suite 300 _____
Person	<u>Charlotte, NC 28277</u>	Person	<u>West Palm Beach, FL 33404</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Rene Ugalde</u>	<input type="checkbox"/> Manager	Name: <u>Jennie Morejon</u>
<input type="checkbox"/> Member	Address: <u>15105-D John J. Delaney Dr.</u>	<input type="checkbox"/> Member	Address: <u>15105-D John J. Delaney Dr.</u>
<input checked="" type="checkbox"/> Authorized	#20 _____	<input checked="" type="checkbox"/> Authorized	#20 _____
Person	<u>Charlotte, NC 28277</u>	Person	<u>Charlotte, NC 28277</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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  
 James Atkinson  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "R&D ACQUISITIONCO, 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-SECOND DAY OF APRIL, A.D. 2024.

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



6417862 8300

SR# 20241575944

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 "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203308003

Date: 04-22-24