

8/5/24, 2:55 PM

Division of Corporations

Florida Department of State

Division of Corporations

M24000010067

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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: ecarew32@its.jnj.com

Foreign Limited Liability Company

Ethicon US, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing Menu

Help

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 Ethicon US, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If name is available, enter alternate name adopted for the purpose of transacting business in Florida. If alternate name is not used, "Limited Liability Company," "LLC," or "LLP")

2 Delaware 3 76-0604800
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4 04/16/2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0903 & 605.0905, F.S., to determine penalty liability.)

5 1000 Route 202 6 1000 Route 202
(Street Address of Principal Office) (Mailing Address)
Raritan, NJ 08869 Raritan, NJ 08869

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
Florida
(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.

C T Corporation System

By: Meredith Hellwig Meredith Hellwig, Assistant Secretary
(Registered agent's signature)

2024-08-06 PM 2:08

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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Said Haddad</u>	☐ Manager	Name: <u>Brian T Jaenicke</u>
☐ Member	Address: <u>1000 Route 202</u>	☐ Member	Address: <u>1000 Route 202</u>
☐ Authorized	<u>Raritan, NJ 08869</u>	☐ Authorized	<u>Raritan, NJ 08869</u>
Person	_____	Person	_____
☒ Other <u>President</u>	☐ Other _____	☒ Other <u>Secretary</u>	☐ Other _____
☐ Manager	Name: <u>Laura McFalls</u>	☐ Manager	Name: <u>John M McIlhinney</u>
☐ Member	Address: <u>1000 Route 202</u>	☐ Member	Address: <u>1000 Route 202</u>
☐ Authorized	<u>Raritan, NJ 08869</u>	☐ Authorized	<u>Raritan, NJ 08869</u>
Person	_____	Person	_____
☒ Other <u>Asst. Secretary</u>	☐ Other _____	☒ Other <u>Asst. Secretary</u>	☐ Other _____
☐ Manager	Name: <u>Robert McKeenhan</u>	☐ Manager	Name: <u>Luc Freyne</u>
☐ Member	Address: <u>1000 Route 202</u>	☐ Member	Address: <u>1000 Route 202</u>
☐ Authorized	<u>Raritan, NJ 08869</u>	☐ Authorized	<u>Raritan, NJ 08869</u>
Person	_____	Person	_____
☒ Other <u>Asst. Secretary</u>	☐ Other _____	☒ Other <u>Asst. Treasurer</u>	☐ 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 605.02(3)(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.

B-TJ

Electronically signed by:
BRIAN JAENICKE
Date: Aug 2, 2024 10:13 EDT

Signature of an authorized person

Brian T. Jaenicke, Secretary

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 "ETHICON US, 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 SECOND DAY OF AUGUST, A.D. 2024.

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



3455002 8300

SR# 20243317578

You may verify this certificate online at 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: 204080299

Date: 08-02-24