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**TO: Registration Section
Division of Corporations**

SUBJECT: Ricoh 3D for Healthcare, 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:

Becky Bemis

Name of Person

Ricoh USA, Inc.

Firm/Company

300 Eagleview Blvd., Suite 200

Address

Exton, PA 19341

City/State and Zip Code

becky.bemis@ricoh-usa.com

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

For further information concerning this matter, please call:

Becky Bemis

610

408-7268

at (_____) _____

Name of Contact Person

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. Ricoh 3D for Healthcare, 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. 39-2438330
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

5. 300 Eagleview Blvd., Suite 200 6. 300 Eagleview Blvd., Suite 200
(Street Address of Principal Office) (Mailing Address)
Exton, PA 19341 Exton, PA 19341

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.

Sherry McGinnes, Assistant Secretary
(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: Ricoh USA, Inc.

☒ Member Address: 300 Eagleview Blvd., Suite 200

☐ Authorized Exton, PA 19341

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: George Gowen

☐ Member Address: 300 Eagleview Blvd., Suite 200

☐ Authorized Exton, PA 19341

Person _____

☒ Other Treasurer & CFO ☐ Other _____

☐ Manager Name: Andrew McReynolds

☐ Member Address: 300 Eagleview Blvd., Suite 200

☐ Authorized Exton, PA 19341

Person _____

☒ Other Assistant Secretary ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Carsten Bruhn

☐ Member Address: 300 Eagleview Blvd., Suite 200

☐ Authorized Exton, PA 19341

Person _____

☒ Other President & CEO ☐ Other _____

☐ Manager Name: Christine Ciarrocchi

☐ Member Address: 300 Eagleview Blvd., Suite 200

☐ Authorized Exton, PA 19341

Person _____

☒ Other General Counsel ☒ Other Secretary

☐ Manager Name: Andrew Lucas

☐ Member Address: 300 Eagleview Blvd., Suite 200

☐ Authorized Exton, PA 19341

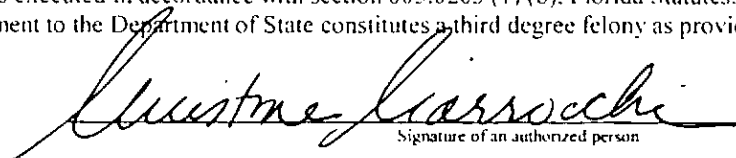
Person _____

☒ Other Assistant Treasurer ☐ 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

Christine Ciarrocchi

Typed or printed name of signee

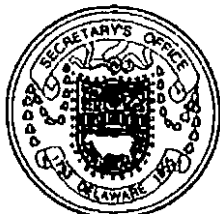
Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RICOH 3D FOR HEALTHCARE, 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 JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RICOH 3D FOR HEALTHCARE, LLC" WAS FORMED ON THE FIRST DAY OF JUNE, A.D. 2025.



10127920 8300

SR# 20252847969

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

A handwritten signature in black ink, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203827594

Date: 06-02-25