N970000033

CT CORPORATION SYSTEM		ים	00002090 -02/06/971 ****140.00	06501 01100023 ****140.00
CCO ENCIL TELEPOPONA CITA	NOTE THE PROPERTY OF THE PROPE		E	97
660 EAST JEFFERSON STE Requestor's Name	CET			FIL JAY29
TALLAHASSEE, FL 3230	01		553± 163±2	FILI ¥29
Address	222-1092		in (E D
City State Zip	Phone			ŧ:
CORPORATI	ON(S) NAME		*	25
Surgical () Profit	Instrument	t Rypair, LM	Service la	<u></u>
() NonProfit Limited Liability Co.	() Amendment		() Merger	
() Foreign	() Dissoluti	on/Withdrawal	() Mark	
() Limited Partnership () Reinstatement	() Annual Report () Reservation		() Other () Change of () Fictitiou	R.A. Is Name Filing
() Certified Copy	() Photo Co	opies	() CUS	
() Call When Ready Walk In () Mail Out	() Call if Problem () Will Wait		After 4:30 Pick Up Of VIS	97 J
Name Avallability Document Examiner Updater Verifier	1/29/97		W OF CORPORATION	RECEIVED
Acknowledgment				
W.P. Verifler				

CR2E031 (1-89)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	Surgical Instrument Repair Service, L.L.C.
-,	(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2.	Delaware 3. 38-3272205
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
	company is organized)
4.	(Date of Organization) 5. January 1, 2026 (Duration: Year limited liability company will cease to exist
	(Date of Organization) (Duration: Year limited liability company will dease to exist or "perpetual")
6.	upon registration To The Table 1
	upon registration (Date first transacted business in Florida.)
	25 A
7.	1181 N. Milford Road
	•
	Milford, Michigan 48381 (Street address of principal office)
	(Street address of principal office)
0	C T CORPORATION SYSTEM
8.	(Name of the registered agent of foreign limited liability company)
	(Tradition of and together about of total and the state of the state o
9.	c/o C T CORPORATION SYSTEM, 1200 South Pine Island Road,
	Plantation, Florida 33324
	(Florida registered office address)
.,). Name(s), title, and business address(es) of managing member(s) [MGRM] or manager(s) [MGR] who
10	will manage the foreign limited liability company in Florida: (attach additional page if necessary)
	Will itlanage the foleign initied habitity company in Frontac (disasti account page it increase)
	Sec. 1 in Addendum
	See 1 in Addendum

,			

		#### 	97
(Date)	(Signature of a Member or Auth Representative of a member)	orized	FILED JAY 29 FK
	Lyle Tyler	<u> </u>	 ::
REGISTERED AGENT ACCEPTANCE	tyle lyler		: 25
Having been named as registered agent and to accept se limited liability company at the place designated in this 508.507, Florida Statutes, I hereby accept the appointm capacity. I further agree to comply with the provisions performance of my duties, and I am familiar with and a agent.	certificate pursuant to the provision nent as registered agent and agree to of all statutes relating to the proper	ns of section the and con	tion iis nplete
C T Corporation System			
By: Maron J. Gahlau (Signature)	12 70 96 (Date)		
Sharon L. Gahlau (Type Name of Officer)			
(1)portante of Others)			
Vice President			
(Title of Officer)			

Addendum

F94,39,85

1. Name and title: MGRM

Surgical Instruments Repair Service, Inc.

Address: 1181 N. Milford Road, Milford, Michigan, 48381

97 JAN 29 PK 4: 25
SECRETARY OF STRAIGHTANSSEE, FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Surgice			
Instrument Repair Service, LLC. deposes and says:			
1) the above named limited liability company has at least two members			
2) the total amount of cash contributed by the member(s) is \$3431 875	. 75	97	
3) if any, the agreed value of property other than cash contributed by member(s) is \$ 2,899.178	t hereto.	DAW29	<u></u>
4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 6331853 . This total includes amounts from 2 and 3 above.	E, FLOR	PH 4:	-ED
	327	25	

Signature/Of a member or authorized representative of a member.
(In accordance with section 003,408(3)/Floids Statutes, the execution of this affidiation constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

(1) Receivables
2 Inventory
Prepards
Gixed assets
Investment in another company

Filing Fee: \$ 52.50 for Affidavit

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SURGICAL INSTRUMENT REPAIR SERVICE, L.L.C." 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-THIRD DAY OF JANUARY, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

97 JAN 29 PK 4: 25
SEGNETAL SEEF FLORING

Trans.

Edward J. Freel, Secretary of State

AUTHENTICATION:

8297875

971023438

2579925 8300

DATE:

01-23-97