



June 1, 1999

Florida Department of Revenue  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JUN -3 PM 1:46

Dear Sir/Madam:

Enclosed you will find the following documents in regard to our registration to do business in the State of Florida:

- Affidavit of Membership and Contributions of Foreign LLC
- Certificate of Designation of Registered Agent
- Application by Foreign LLC for Authorization to transact business in Florida (along with the requested certificate of existence from our state of organization).

Also enclosed is a check for \$285.00, which represents the filing fees for the above-identified documents.

If you have any questions in regards to the attached, please let me know.

Respectfully yours,

  
Mike Talley  
Chief Financial Officer

700002893937--2  
-06/03/99--01049--003  
\*\*\*285.00 \*\*\*285.00

Enclosure

|                   |            |
|-------------------|------------|
| Name Availability | <b>MJH</b> |
| Document Examiner |            |
| Updater           |            |
| Updater Verifier  |            |
| Acknowledgement   |            |
| P. Verifier       |            |

  
Lifeline  
Medical Systems

**PB** PURITAN  
BENNETT

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

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

1. Beacon Medical Products, LLC  
(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  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 56-2067998  
(FEI number, if applicable)
4. January 30, 1998  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. June 1, 1999  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 13325-A Carowinds Boulevard  
Charlotte, NC 28273  
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR]who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

| NAME & ADDRESS:            | TITLE:     | NAME & ADDRESS: | TITLE:  |
|----------------------------|------------|-----------------|---------|
| <u>Michael C. Kistner</u>  | <u>MGR</u> | <u></u>         | <u></u> |
| <u>PO Box 7064</u>         |            | <u></u>         |         |
| <u>Charlotte, NC 28241</u> |            | <u></u>         |         |
| <u></u>                    |            | <u></u>         |         |
| <u></u>                    |            | <u></u>         |         |
| <u></u>                    |            | <u></u>         |         |
| <u></u>                    |            | <u></u>         |         |
| <u></u>                    |            | <u></u>         |         |
| <u></u>                    |            | <u></u>         |         |

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 99 JUN -3 PM 1:46

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

*State of Delaware*  
*Office of the Secretary of State*

---

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEACON MEDICAL PRODUCTS 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. 1999.



2853583 8300

991151984

*Edward J. Freel*  
\_\_\_\_\_  
Edward J. Freel, Secretary of State  
9701006

AUTHENTICATION:

04-22-99

DATE:

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

BEACON MEDICAL PRODUCTS LLC

2. The name and the Florida street address of the registered agent and office are:

CT CORPORATION SYSTEM

(Name)

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Plantation, FL 33324

City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Signature)

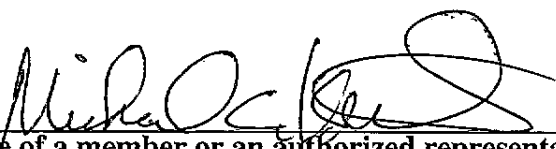
**ALLAN FARNELL**  
**ASSISTANT SECRETARY**

**Filing Fee: \$ 35 for Designation of Registered Agent**

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of Beacon Medical  
Products LLC certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 6,490,000;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ -;  
(A description of the property is attached and made a part hereto.)  
and
- 4) the total amount of cash and property contributed and anticipated to be contributed  
by member(s) is \$ 6,490,000  
(This total includes amounts from 2 and 3 above.)

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**  
(In accordance with section 608.408(3), Florida Statutes, the execution of this  
affidavit constitutes an affirmation under the penalties of perjury that the facts  
stated herein are true.)

Michael C. Kistner, Member

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

**Filing Fee: \$250.00 for Application and Affidavit**