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Special Instructions to	Filing Officer:				
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Office Use Only



COVER LETTER

TO: New Filing Section Division of Corporations						
SUBJECT: ICARE USA, INC.						
Name of corporation - must include suffix						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.						
Please return all correspondence concerning this matter to the following:						
Robert W. Cotter						
Name of Person						
Dysart Taylor Cotter McMonigle, & Montemore, P.C.						
Firm/Company						
4420 Madison Avenue, Suite 200						
Address						
Kansas City, MO 64111						
City/State and Zip code						
rcotter@dysarttaylor.com; jdobson@dysarttaylor.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Robert W. Cotter at (816) 931-2700						
Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: MAILING ADDRESS:						
New Filing Section Division of Corporations New Filing Section Division of Corporations						
Clifton Building P.O. Box 6327						
2661 Executive Center Circle Tallahassee, FL 32314						
Tallahassee, FL 32301						
Enclosed is a check for the following amount:						
\$70.00 Filing Fee \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy \$87.50 Filing Fee, Certified Copy						

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WITH SECTION 607.1503, FLORIDA REIGN CORPORATION TO TRANSACT	•		THE PART OF THE PA	15
1. ICARE USA, I	INC				APR
(Enter name of co	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp."))," "COMPANY," "(CORPORATION,"	Cristal Control of the Control of th	R-9 PM
(If name unavaila	ible in Florida, enter alternate corporate nam	adopted for the purp	ose of transacting busing	ness in Florida	_ f. a}∕∨
2. Missouri	1	01168678		1.77	SQ.
	under the law of which it is incorporated)	•	I number, if applicable))	
4. September 8	3, 2011 5	Perpetual			
(Date	of incorporation)	(Duration: Year co	orp. will cease to exist of	or "perpetual"	"
6. January 1	2012	·			<u> </u>
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.				
7 100 Abbie A	Avenue, Kansas City, KS 661				
/, <u></u>	(Principal office ac				
100 Abbie	Avenue, Kansas City, KS 6	6103			
	(Current mailing ac	dress)			_
Te premeto, markot, soil, s	naintain customer relationships with respect to products developed	v Icare Finland Ov. as well as tak	e other actions related and in furthe	erance of the foregoin	10.
o) of corporation authorized in home state or				_
9. Name and stree	t address of Florida registered agent: (P	O. Box <u>NOT</u> accep	stable)		
Name:	CT Corporation System				
Office Address:	1200 South Pine Island Road	-			
	Plantation	, Florida <u>33</u>	324		
	(City)	, Florida <u>5 5</u> (Z	Lip code)		
designated in this further agree to co	ent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoin omply with the provisions of all statutes with and accept the obligations of my p	tment as registered relative to the prop	agent and agree to a er and complete perf	ct in this ca	pacity. I
<u>s</u>	ee attached			‡	
	(Registered agent's signature	:)			

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

RE: ICARE USA, INC.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: 03/16/2012

C T CORPORATION SYSTEM

Katherine Lackey,

Assistant Secretary

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Olli-Pekka Salovaara Address: Hevosenkenkä 3 FI-02600 Espoo, Finland Vice Chairman: Ari Tiukkanen Address: Hevosenkenkä 3 FI-02600 Espoo, Finland Director: Director: __ Address: ___ **B. OFFICERS** President: John Floyd Address: 809 Faulkner Place Raleigh, NC 27609 Vice President: Address: ____ Secretary: John Floyd Address: 809 Faulkner Place, Raleigh, NC 27609 Treasurer: ____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a

14. Tohn Floyd Pes/REO

(Typed or printed name and capacity of person signing application)

third degree felony as provided for in s.817.155, F.S.





Robin Carnahan Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

ICARE USA, INC. 01168678

was created under the laws of this State on the 8th day of September, 2011, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 20th day of March, 2012

Secretary of State

Certification Number: 14557742-2 Reference: JMF