

3/15/23, 5:32 PM

Division of Corporations

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 Florida Department of State
 Division of Corporations
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To:

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From:

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: amy@mdorthopaedics.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
 MD ORTHOPAEDICS, INC**

Certificate of Status	0
Certified Copy	1
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2023/03/15 PM 4:06

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Corporate Filing Menu

Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA*

1. MID Orthopaedics, Inc.
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Iowa 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/22/2004 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. _____
(Principal office street address)

604 N Parkway St. Wayland IA 52654

(Current mailing address, if different)

8. 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 FL 33324
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

By: Denise Bell Denise Bell
(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and or directors [up to six (6) total]

2023 MAR 16 PM 4:06

A. DIRECTORS

☐ Chairman Name David Bailey

☐ Vice Chairman Address 2850 Frontier Dr

☐ Director Warsaw IN 46582

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name Fred Hite

☐ Vice Chairman Address 2850 Frontier Dr

☐ Director Warsaw IN 46582

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name Daniel J. Gerritzen

☐ Vice Chairman Address 2850 Frontier Dr

☐ Director Warsaw IN 46582

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name _____

☐ Vice Chairman Address _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name Joe Hauser

☐ Vice Chairman Address 2850 Frontier Dr

☐ Director Warsaw IN 46582

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name _____

☐ Vice Chairman Address _____

☐ Director _____

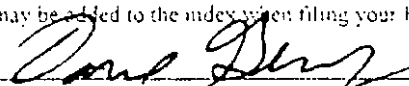
☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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 third degree felony as provided for in s 817.155, F.S.

13 Daniel Gerritzen, Secretary and General Counsel
(Typed or printed name and capacity of person signing application)

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Issue Date: 3/13/2023

Name: MD ORTHOPAEDICS, INC. (490 DP - 289618)

Date of Incorporation: 1/22/2004

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

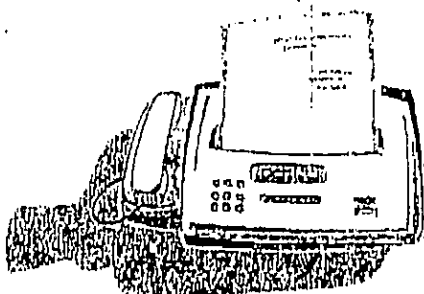
Certificate ID: **CS265061**

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State

KIJOENNA SERVICES, INC



FACSIMILE TRANSMITTAL SHEET

TO: *Pink Light BAKERY LLC* FROM:
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Company:

KIJOENNA SERVICES INC

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