

TRANSMITTAL LETTER

F990000003167

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: BIOMET ORTHOPEDICS, 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", 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:

Gregory D. Hartman
(Name of Person)
Biomet, Inc.
(Firm/Company)
PO Box 587
(Address)
Warsaw, IN 46581-0587
(City/State/Zip)

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DIVISION OF CORPORATIONS
99 JUN 21 AM 10: 00

Should you need to call someone concerning this matter, please call:

200002897172-7
-06/07/93--01140--006
*****78.75 *****78.75

Gregory D. Hartman at 219-372-1550
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy

F99-3167

Name Availability	<i>[Signature]</i>
Document Examiner	<i>[Signature]</i>
Certificate of Status & Certified Copy	<i>[Signature]</i>
Updater	<i>[Signature]</i>
Verifier	<i>[Signature]</i>
Acknowledgment	<i>[Signature]</i>
W. P. Verifier	<i>[Signature]</i>



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 11, 1999

GREGORY D. HARTMAN
P.O. BOX 587
WARSAW, IN 46581-0587

SUBJECT: BIOMET ORTHOPEDICS, INC.
Ref. Number: W99000013704

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We have received your document for BIOMET ORTHOPEDICS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 499A00031665

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. BIOMET ORTHOPEDICS, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Indiana (State or country under the law of which it is incorporated) 3. 35-2074037 (FEI number, if applicable)

4. April 21, 1999 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. June 1, 1999 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. PO BOX 587
WARSAW IN 46581
(Current mailing address)

8. Marketing and distribution of medical products
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip code)

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10. 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.

See attachment B
(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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)
See Attachment A

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: See Attachment A

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: See Attachment A

Address: _____

Vice President: _____

Address: _____

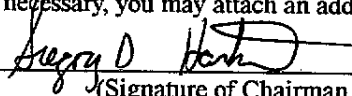
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

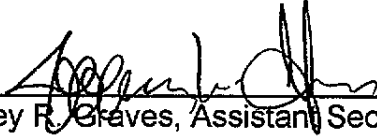
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Gregory D. Hartman
(Typed or printed name and capacity of person signing application)

Consent To Serve As Registered Agent

CT Corporation System, hereby consents to serve as the registered agent for **Biomet Orthopedics, Inc.**, in the state of **FLORIDA**



Jeffrey R. Graves, Assistant Secretary

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Biomet Orthopedics Inc.

Attachment A

EIN: 35-2074037

Names and address of officers & directors

President	Dane A. Miller	16 Stone Camp Trail, Winona Lake, IN 46590
Secretary	Daniel P. Hann	1814 Hobart Court, Warsaw, IN 46580
Treasurer	Gregory D. Hartman	59625 CR 13, Elkhart, IN 46517
Directors:	Dane A. Miller	16 Stone Camp Trail, Winona Lake, IN 46590
	Daniel P. Hann	1814 Hobart Court, Warsaw, IN 46580
	Gregory D. Hartman	59625 CR 13, Elkhart, IN 46517

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STATE OF INDIANA

OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

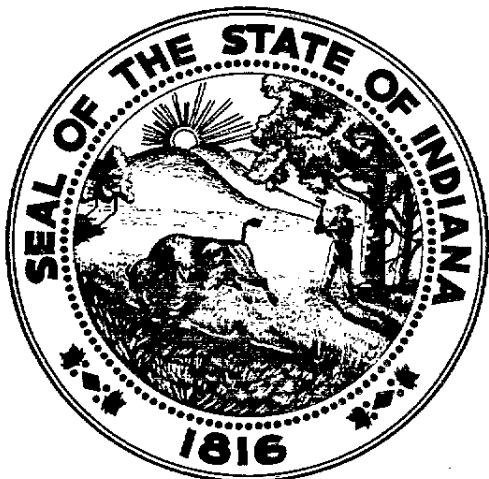
I further certify that records of this office disclose that

BIOMET ORTHOPEDICS, INC.

filed Articles of Incorporation on April 21, 1999, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Fourteenth day of June, 1999.



Sue Anne Gilroy
SUE ANNE GILROY, Secretary of State

JK
Deputy