

Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 FEB 17 PM 2:18

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

- 1. The name of the corporation is Checkpoint Surgical, Inc.
2. It is incorporated under the laws of Delaware
3. The name, if different, which it elects to use in Rhode Island is:
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:
4. The date of its incorporation is 10/22/2015 and the period of its duration is perpetual
5. The address of its principal office is 22901 Millcreek Blvd., Suite 110, Cleveland, OH 44122
6. The address of its proposed registered office in Rhode Island is 450 Veterans Memorial Parkway, Suite 7A
East Providence, RI 02914 and the name of its proposed registered agent in Rhode Island at that address is C T Corporation System
7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
Development and sales of medical devices and all lawful acts or activities related thereto.
8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Table with 2 columns: Name, Address. Rows for Geoffrey B. Thrope, Leonard M. Cosentino, Tracy Marshbanks, and an empty row.

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Form No. 150
Revised: 06/11

BY [Signature] 267809
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(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	<u>Name</u>	<u>Address</u>
President	<u>Leonard M. Cosentino</u>	<u>22901 Millcreek Blvd., Suite 110, Cleveland, OH 44122</u>
Vice President	<u>Kevin M. Scanlan</u>	<u>22901 Millcreek Blvd., Suite 110, Cleveland, OH 44122</u>
Treasurer	<u>Marilyn Eisele</u>	<u>22901 Millcreek Blvd., Suite 110, Cleveland, OH 44122</u>
Secretary	<u>Donald Hubbard</u>	<u>22901 Millcreek Blvd., Suite 110, Cleveland, OH 44122</u>

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
<u>33,275,000</u>	<u>Class A Common</u>		<u>\$0.001</u>
<u>1,425,000</u>	<u>Class B Common</u>		<u>\$0.001</u>
<u>6,000,000</u>	<u>Preferred</u>	<u>Series A</u>	<u>\$0.001</u>
<u>9,920,000</u>	<u>Preferred</u>	<u>Series B</u>	<u>\$0.001</u>

10. (a) \$ 1,200,000 = An estimate of the value of all property to be owned by the corporation for the following year, wherever located.

(b) \$ 5,000 = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.

(c) .417 % = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. *{divide (b) by (a) and multiply by 100 to obtain the percentage}*

11. (a) \$ 5,000,000 = An estimate of the gross amount of business to be transacted by the corporation during the following year.

(b) \$ 50,000 = An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.

(c) 1 % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. *{divide (b) by (a) and multiply by 100 to obtain the percentage}*

12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.

13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____.

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: February 15, 2016



Signature of Authorized Officer of the Corporation

Leonard M. Cosentino, President

Type or Print Name of Authorized Officer

Delaware

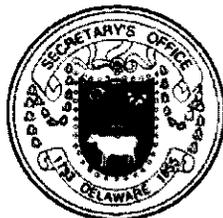
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHECKPOINT SURGICAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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SR# 20160334404

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 201709004

Date: 01-21-16



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

