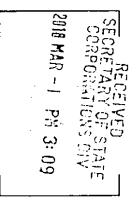


State of Rhode Island and Providence Plantations Department of State - Business Services Division 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



## Application for Certificate of Authority

Foreign Business Corporation

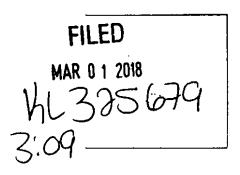
Filing and License Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, 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: O&M Halyard, Inc. 2. It is incorporated under the laws of: Virginia 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: 11/14/2017 And the period of its duration is: CHECK ONLY ONE BOX X Perpetual (on-going) Date certain for dissolution

5. The address of its principal office is

9120 Lockwood Boulevard, Mechanicsville, VA 23116



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6. The name and addre	ess of the initial	registered ag	ent/office	of in Rhode Island:		
Agent Name C T Corp	oration System					
Street Address (NOT a	P.O. Box) 450	Veterans Men	iorial Park	way, Suite 7A		
City/Town East Providence			State RHODE ISLAND		Zip Code 02914	
7. The purpose or purp	oses which it pr	oposes to pu	rsue in the	transaction of busi	ness in Rhode Island are:	
Healtheare product sales						
8. (a) The names and restate or country of whic NAME	h it is incorpora		ang shirt ang bi na san ⊒r san s	and a set of	tors are required under the laws of the ESS	
Richard A. Meier		9120 Lockwood Boulevard, Mechanicsville, VA 23116				
		9120 Lockwood Boulevard, Mechanicsville, VA 23116				
	·······	<u> </u>				
			<u> </u>			
	<u></u>					
				Check	the box to indicate an attachment.	
8. (b) The names and re	espective addre	sses of its pri	incipal offi	cers (mandatory if c	lirectors are not required under the	
			<b>a):</b>	1	ADDRESS	
PRESIDENT	<u> </u>					
VICE PRESIDENT	-	Richard A. Meier		9120 Lockwood Boulevard, Mechanicsville, VA 23116		
	Nicholas J. Pace			9120 Lockwood Boulevard, Mechanicville, VA 23116		
TREASURER						
SECRETARY	Nicholas J. Pac	Nicholas J. Pace		9120 Lockwood Boulevard, Mechanicsville, VA 23116		
· · · · · · · · · · · · · · · · · · ·				Chaole	the box to indicate an attachment.	
9. The aggregate numb without par value, and a	er of shares where the series, if any, with the series of	ich IL has auti thin a class, i	hor <u>ity</u> to is s:	sue: itemized by cla	asses, par value of shares, shares	
NUMBER OF SHARES	CLAS	<u></u>			PAR VALUE OR STATE NO PAR VALUE	
10,000	Common				No Par Value	
<u> </u>						
·····		,				
·		····, <u> </u>				
<u> </u>		<u></u>				

Form No. 150 Revised: 2016

10 (a) Estimate, in dollars, the value of all prope located	rty to be owned by the corporation for the follo	wing year, wherever 🔫
\$		
(b) Estimate in collars, the value of the corporation year	n's property to be located within Rhode Island	during the following
\$_ <sup>0</sup>		
(c) Estimate, as a percentage, the proportion that within this state during the following year, bears to following year, wherever located Note: Divide (10)	the value of all property of the corporation to t	e owned during the
0%		
11. (a) Estimate, in dollars, the gross amount of bu	siness to be transacted by the corporation duri	ig the following year.
\$_670,000,000		<u> </u>
(6) Estimate, in dollars, the gross emount of busin In Rhode Island during the following year	iess to be transacted by the corporation at or f	om places of business
\$		
(c) Estimate, as a percentage, the proportion of it or from places of business in Rhode Island during be transacted by the corporation during the follow percentage.	the following year compared to the gross amo	ount thereof which will
1.3 %	· · · · · · · · · · · · · · · · · · ·	
12. This application must be accompanied by a C officer of the state or country under the laws of wh document.		
13. Date when the Certificate of Authority will be		
Date received (Upon filing)		
Later effective date (Date must be no more the	nan 90 days from the day of filing)	
Under penally of penury, I declare and affirm that any accompanying allechments, and that all state	I have exemined this Application for Certificate mains contained herein are true and correct.	of Authority, Including
Signature of Authorized Officer of the Corporation	Type or Print Name of Authorized Officer	Date
SIGN DOCUMENT HERE	SVP, General Counsel & Corporate Secretary	2/22/2018

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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Form No. 150 Revised: 2016

## Commontrealth Flinginia



## State Corporation Commission

## CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

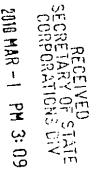
That O&M Halyard, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is November 14, 2017;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.





Signed and Sealed at Richmond on this Date: January 5, 2018

Joel H. Peck, Clerk of the Commission

CISECOM Document Control Number: 1801056011



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:

March 01, 2018 03:09 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

