



State of Rhode Island
Office of the Secretary of State

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Corporation
Application for Certificate of Authority
(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Saluda Medical Americas Incorporated

SECTION II

It is incorporated under the laws of State: DE Country: USA

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

SECTION III

The name, if different, which it elects to use in Rhode Island:
(a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR**
(b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 11/24/2014

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 5850 OPUS PARKWAY
SUITE 130
City or Town: MINNETONKA State: MN Zip: 55343 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is
No. and Street: 222 JEFFERSON BOULEVARD, SUITE 200
City or Town: WARWICK State: RI Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is CORPORATION SERVICE COMPANY

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
MEDICAL DEVICE COMPANY

SECTION VIII

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BARRY REGAN	5850 OPUS PARKWAY, SUITE 130 MINNETONKA, MN 55343 USA

TREASURER	JIM ERICKSON	5850 OPUS PARKWAY, SUITE 130 MINNETONKA, MN 55343 USA
SECRETARY	KRISTIN CAPLICE	5850 OPUS PARKWAY, SUITE 130 MINNETONKA, MN 55343 USA
DIRECTOR	BARRY REGAN	5850 OPUS PARKWAY, SUITE 130 MINNETONKA, MN 55343 USA
DIRECTOR	JIM ERICKSON	5850 OPUS PARKWAY, SUITE 130 MINNETONKA, MN 55343 USA
DIRECTOR	GREG PLAMONDON	LEVEL 1, 5 EDEN PARK DR. MACQUARIE PARK, FJ 2113 AUS

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BARRY REGAN	5850 OPUS PARKWAY, SUITE 130 MINNETONKA, MN 55343 USA
TREASURER	JIM ERICKSON	5850 OPUS PARKWAY, SUITE 130 MINNETONKA, MN 55343 USA
SECRETARY	KRISTIN CAPLICE	5850 OPUS PARKWAY, SUITE 130 MINNETONKA, MN 55343 USA
DIRECTOR	BARRY REGAN	5850 OPUS PARKWAY, SUITE 130 MINNETONKA, MN 55343 USA
DIRECTOR	JIM ERICKSON	5850 OPUS PARKWAY, SUITE 130 MINNETONKA, MN 55343 USA
DIRECTOR	GREG PLAMONDON	LEVEL 1, 5 EDEN PARK DR. MACQUARIE PARK, FJ 2113 AUS

SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CWP			\$0.0100	1,000.00

Signed this 24 Day of July, 2025 at 10:06:51 AM by the officers(s). This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.

By KRISTIN CAPLICE
Signature of Authorized Officer of the Corporation

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SALUDA MEDICAL AMERICAS INCORPORATED" 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-THIRD DAY OF JULY, A.D. 2025.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SALUDA MEDICAL AMERICAS INCORPORATED" WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2014.

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



5645437 8300

SR# 20253449154

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

A handwritten signature in cursive script, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204276955

Date: 07-23-25



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

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:

July 24, 2025 10:04 AM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

