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02/08/2012	201203800480	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00		.00	.00

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CALFEE HALTER & GRISWOLD LLP
M. CANTRELL - G. DZIAK
1100 FIFTH THIRD CENTER, 21 E. STATE ST.
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2080139**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
OLT, INC.

and, that said business records show the filing and recording of:

Document(s)

FICTITIOUS NAME/ORIGINAL FILING

Expiration Date: 02/01/2017

Document No(s):

201203800480

FORTEC MEDICAL, INC.
10125 WELLMAN RD.
STREETSBORO, OH 44241



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 1st day of February, A.D.
2012.

Ohio Secretary of State



Form 534A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
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Expedite this form: (select one)
Mail form to **one** of the following:

☐ Expedite PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ Non Expedite PO Box 670
Columbus, OH 43216

NAME REGISTRATION Filing Fee \$50

(CHECK ONLY ONE (1) BOX)

☐ Trade Name (167-RNO) Date of first use: _____	☒ Fictitious Name (169-NFO)
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Name being registered or reported:	OLT, Inc.
Name of the Registrant:	Fortec Medical, Inc.

NOTE: If the registrant is a foreign corporation licensed in Ohio under an assumed name, provide the assumed name and the name as registered in its jurisdiction of formation.

The Registrant is a(n): (Check only one (1) box)

- ☐ Individual
☐ Partnership
Registration #, if any _____
☐ Limited Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____
☐ Limited Liability Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____
☐ Limited Liability Company
Registration # _____
If foreign, Jurisdiction of Formation _____
☒ Ohio Corporation
Charter # 784185
☐ Foreign Corporation
Ohio license # _____
Jurisdiction of Formation _____

- ☐ Unincorporated Association
☐ Professional Association
☐ Other

RECEIVED
SECRETARY OF STATE
2012 FEB -1 PM 3:29
CLIENT SERVICE CENTER

All registrants must complete the information in this section

Business address:

10125 Wellman Road

Mailing Address

Streetsboro

OH

44241

City

State

Zip Code

The general nature of the business conducted by the registrant:

mobilizing surgical equipment and distributing related
disposable products

Complete the information in this section if registrant is a partnership not registered in Ohio

Provide the name and address of at least one general partner:

Name

Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED

Must be authenticated
(signed) by the registrant or
an authorized
representative

Signature

John Voyzey, Vice President

Print Name

Date

2-1-12

Signature

Date

Print Name