

F12000003661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

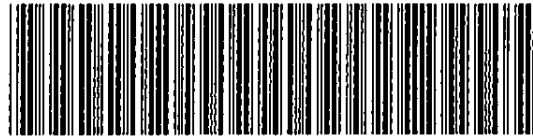
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700238285217

09/06/12--01014--023 **78.75

09/06/12--01014--024 **650.00

RECEIVED

12 SEP -6 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

12 SEP -6 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/4

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 09/06/2012

REF. #: 000173.172248

CORP. NAME: INTERSECT ENT, INC.

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 9382 + 100873 FOR \$ 78.75 & \$650.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Intersect ENT, 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," or "Certificate of Good Standing" 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:

Kris S. Tamashiro

Name of Person

Cooley LLP

Firm/Company

3175 Hanover Street

Address

Palo Alto, CA 94304

City/State and Zip code

ktamashiro@cooley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kris Tamashiro

Name of Person

at (650) 843-5637

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**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. Intersect ENT, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 20-0280837
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/06/03 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 11/10/2011
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1555 Adams Drive, Menlo Park, CA 94025
(Principal office address)
1555 Adams Drive, Menlo Park, CA 94025
(Current mailing address)

8. Research and development of therapy solutions related to the sinus.
(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 NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301
(City) (Zip code)

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.

NRAI Services, Inc.

By: 

(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.

FILED
12 SEP - 6 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

FILED

A. DIRECTORS

12 SEP -6 AM 7: 50

Chairman: See attached.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached.

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. Monika A. DeMartini

(Signature of Director or Officer listed in number 12 of the application)

14. Monika A. De Martini, Chief Financial Officer

(Typed or printed name and capacity of person signing application)

ATTACHMENT

FILED

FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

12 SEP 8 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

POSITION	NAME	NO. & STREET	CITY	STATE	ZIP
Director	Rick Anderson	PTV Sciences 3600 N. Capital of Texas Highway Building B, Suite 245	Austin	TX	78746
Director	Lisa D. Earnhardt	Intersect ENT, Inc. 1555 Adams Drive	Menlo Park	CA	94025
Director	Mark Fletcher	Medtronic Surgical Technologies 6743 Southpoint Drive N	Jacksonville	FL	32216
Director	Dana G. Mead, Jr.	Kleiner Perkins Caufield & Byers 2750 Sand Hill Road	Menlo Park	CA	94025
Director	Frederic H. Moll	Intersect ENT, Inc. 1555 Adams Drive	Menlo Park	CA	94025
Director	Casey M. Tansey	U.S. Venture Partners 2735 Sand Hill Road	Menlo Park	CA	94025

B. OFFICERS

POSITION	NAME	NO. & STREET	CITY	STATE	ZIP
President and Chief Executive Officer	Lisa D. Earnhardt	Intersect ENT, Inc. 1555 Adams Drive	Menlo Park	CA	94025
Senior Vice President and Chief Operating Officer	Richard E. Kaufman	Intersect ENT, Inc. 1555 Adams Drive	Menlo Park	CA	94025
Chief Financial Officer	Monika A. De Martini	Intersect ENT, Inc. 1555 Adams Drive	Menlo Park	CA	94025
Secretary	Matthew B. Hemington	Cooley LLP 3175 Hanover Street	Palo Alto	CA	94304

Delaware

The First State

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PAGE 1
12 SEP -6 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERSECT ENT, 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 ELEVENTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTERSECT ENT, INC." WAS INCORPORATED ON THE SIXTH DAY OF OCTOBER, A.D. 2003.

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

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

3712091 8300

120827438

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9703534

DATE: 07-11-12