# F130000004848

(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:	
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ON SERVICE COMPANY.		
ACCOUNT NO. : 12000000195		
REFERENCE : 873553 7647100		
AUTHORIZATION: Juli Blend		
COST LIMIT : \$ 820/00		
ORDER DATE: November 5, 2013		
ORDER TIME : 9:21 AM		
ORDER NO. : 873553-005		
CUSTOMER NO: 7647100		
FOREIGN FILINGS		
NAME: SIENTRA, INC.		
XXXX QUALIFICATION (TYPE: CO)		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Susie Knight EXT# 52956		

EXAMINER:

### 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.

Sientra, Inc.

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

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

2. Delaware
(State or country under the law of which it is incorporated)

(Gate of incorporation)
(Date of incorporation)

(Date of incorporation)

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

7. 6769 Hollister Ave, Suite 201, Santa Barbara, CA 93117

(Principal office address)

Same
(Current mailing address)

Sale of medical devices
(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)

#### 10. Registered agent's acceptance:

Name:

Office Address:

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.

Sue G. Knight Assistant Vice President

(Registered agent's signature)

Corporation Services Company

(City)

1201 Hays Street

Tallahassee

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.

DIVISION OF CORPORATION

2013 NOV -6 AM 8: 36

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

A. DIRECTORS	-2013 NOV -6 AM (
Chairman:	·
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
·	
Director:	
Address:	
B. OFFICERS	
President:	
Address:	· · · · · · · · · · · · · · · · · · ·
Vice President: Matthew Pigeon (CFO)	
Address: 6769 Hollister Ave, Suite 201	
Santa Barhara, CA 93117	
	· · · · · · · · · · · · · · · · · · ·
Secretary:	
Address: Treasurer:	
NOTE: If necessary, you may attach an addendum to the application listing additional add	anal officers and/or directors
13. Masses and addendating to the application listing additional actions and addendating additional actions are also as a second action and addendating additional actions are also as a second action and addendating additional actions are also actions as a second action and addendating actions are also actions as a second action actions are also actions as a second action action actions are also actions as a second action action actions are also actions as a second action action actions are also actions as a second action action actions are also actions as a second action action actions are also actions as a second action action actions are also actions as a second action action actions are also action actions as a second action action actions are also actions as a second action action action action action action actions are also actions as a second action action actions are also action	onal officers and/or directors.
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 12 above are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S.	e) affirms that the facts stated herein to the Department of State constitutes
14. Chief Financial Officer Matthew Pigeon Vice P:	resident

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SIENTRA, 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 FIFTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIENTRA,

INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF AUGUST, 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.

BIVISION OF CORPORATION:

3698337 8300

131272107

AUTHENTICATION: 0869309

DATE: 11-05-13

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