

1/31/22 10:00 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

Please honor original
date 02/04/2022

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)573-3996
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

908 Devices Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$728.75

S. FRANKLIN
FEB 16 2022

Electronic Filing Menu

Corporate Filing Menu

Help

Please honor original date 02/04/2022

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. 908 Devices Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware
(State or country under the law of which it is incorporated)
3. 45-4524096
(FBI number, if applicable)
4. February 10, 2012
(Date of incorporation)
5. _____
(Date of duration, if other than perpetual)
6. January 1, 2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 645 Summer Street, Boston, MA 02210
(Principal office street address)

(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation FL 33324
(City) (Zip code)

9. 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.

C T Corporation System

By: Denise Bell Denise Bell, Assistant Secretary
(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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FILED

A. DIRECTORS

☒ Chairman Name: Kevin Hrusovsky
☐ Vice Chairman Address: _____
☐ Director 645 Summer Street
☐ President Boston, MA 02128
☐ Vice President Chairman
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Joseph Griffith IV
☐ Vice Chairman Address: _____
☐ Director 645 Summer Street
☐ President Boston, MA 02128
☐ Vice President Treasurer
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

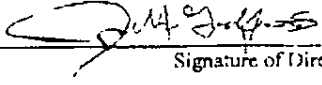
☐ Chairman Name: Nicolas Barthelemy
☐ Vice Chairman Address: _____
☐ Director 645 Summer Street
☐ President Boston, MA 02128
☐ Vice President Director
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Dr. Kevin Knopp, PhD
☐ Vice Chairman Address: _____
☐ Director 645 Summer Street
☐ President Boston, MA 02128
☐ Vice President CEO
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Michael Turner
☐ Vice Chairman Address: _____
☐ Director 645 Summer Street
☐ President Boston, MA 02128
☐ Vice President Secretary
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Keith Crandell
☐ Vice Chairman Address: _____
☐ Director 645 Summer Street
☐ President Boston, MA 02128
☐ Vice President Director
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  _____
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. JOSEPH H. GRIFFITH IV
 (Typed or printed name and capacity of person signing application)

908 Devices Inc. Attachment

A. Directors continued

Dr. Marcia Eisenberg Director
Address
645 Summer Street, Boston, MA 02128

Fenel Eloi Director
Address
645 Summer Street, Boston, MA 02128

Jeffrey George Director
Address
645 Summer Street, Boston, MA 02128

Mark Spoto Director
Address
645 Summer Street, Boston, MA 02128

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CLERK OF COURT

Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "908 DEVICES 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 TWENTY-SEVENTH DAY OF JANUARY, A.D. 2022.

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

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

2022 FEB -4 PM 2:25
CORPORATE SECRETARY
DELAWARE




Jeffrey W. Bullock, Secretary of State

5103607 8300

SR# 20220282582

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

Authentication: 202512170

Date: 01-27-22