

F0900004148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

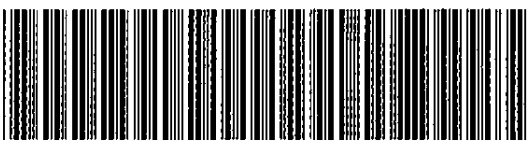
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W09-43308

EP10/21/09



10/12/2009

Attention: Eula Peterson
Florida Department of State
Division of Corporations

Subject: INOGEN, Inc
Ref. Number: W09000043308
Letter Number: 309A00031549

To Eula Peterson,

We have received the above referenced letter from you and would like to note that the state of Delaware does not issue sealed documents anymore and only issues electronic versions. The version sent to you was the original electronic copy printed. I have attached an additional electronic original for your records and hope that this will suffice for your needs. I have also included the email from Corporation Service Company that includes the original PDF document.

Please let me know if this is not acceptable.

Kind Regards,

A handwritten signature in black ink, appearing to read "Alison Perry", with a long, sweeping tail that extends to the right.

Alison Perry

The Inogen logo, identical to the one at the top of the page, featuring the word "inogen" with a stylized arch over the first few letters.

Alli Perry
Vice President of Finance/CFO
326 Bollay Drive
Goleta, CA 93117
T: 805.562.0504
F: 805.879.0739

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2009

ALI PERRY
326 BOLLAY DRIVE
GOLETA, CA 93117

SUBJECT: INOGEN, INC.
Ref. Number: W09000043308

We have received your document for INOGEN, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II

Letter Number: 309A00031549

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Inogen, 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," 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:

Ali Perry

Name of Person

Inogen Inc.

Firm/Company

326 Bollay Drive

Address

Goleta, CA 93117

City/State and Zip code

aperry@inogen.net

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

For further information concerning this matter, please call:

Lee Anne Ayers

Name of Person

at (805) 562-0625

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. Inogen, 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. 33-0989359
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/27/2001 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 08/12/2009
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 326 Bollay Drive, Goleta, Ca 93117
(Principal office address)

326 Bollay Drive, Goleta, Ca 93117
(Current mailing address)

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TALLAHASSEE, FLORIDA

8. Sale and Rental 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)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.

Crystal Lipp on behalf of InCorp Services, Inc.
(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.

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

A. DIRECTORS

Chairman: Heath Lukatch

Address: 750 Battery St. Suite 600

San Francisco, CA 94111

Vice Chairman: None

Address: _____

Director: Steve Cooper

Address: 714 Conifer

Truckee, CA 96161

Director: Bill Link

Address: 450 Newport Center Dr. Ste 600

Newport Beach, CA 92660

B. OFFICERS

President: Ray Huggenberger

Address: 1032 Valley Side Lane

Encinitas, CA 92024

Vice President: None

Address: _____

Secretary: Alison Perry

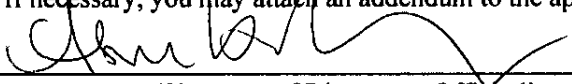
Address: 409 Old Coast Hwy, Santa Barbara, CA 93106

Treasurer: Alison Perry

Address: 409 Old Coast Hwy, Santa Barbara, CA 93106

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

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

14. Alison Perry CFO / Secretary / Treasurer

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INOGEN, 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 TWELFTH DAY OF AUGUST, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INOGEN, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2001.

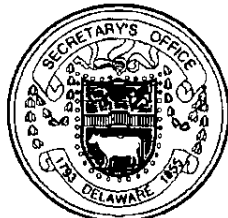
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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

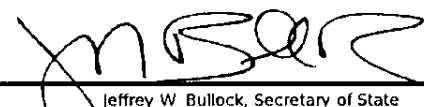
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TALLAHASSEE, FLORIDA

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7472792

DATE: 08-12-09