

F12000001323

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

****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
CASTLIGHT HEALTH, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

RECEIVED
FILED
12 MAR 27 PM 2:53
12 MAR 27 AM 11:18
DIVISION OF CORPORATIONS
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD3/28/12

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Castlight Health 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:

Charles W. Ott

Name of Person

Castlight Health Inc.

Firm/Company

685 Market St., Suite 300

Address

San Francisco, CA 94105

City/State and Zip code

cott@castlighthealth.com

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

For further information concerning this matter, please call:

Charles Ott

Name of Person

at (415) 829 1412

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. Castlight Health, 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. 26-1989091
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/31/2008 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 685 Market St. Suite 300
(Principal office address)
- San Francisco CA 94105
(Current mailing address)

8. Any lawful act or activity
(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: Corporation Service Company

Office Address: 1201 Hays Street

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.

Corporation Service Company

By: Ashley Ghent Assistant Secretary
(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.

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

A. DIRECTORS

See Exhibit A Attached Hereto 12 MAR 27 AM 11:18

Chairman: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

See Exhibit B Attached Hereto

President: _____

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. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. _____

SARAVANAN CHETTIAR

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAExhibit ACastlight Health, Inc. List of Directors

Name	Address
Giovanni Colella, M.D.	685 Market St., Suite 300 San Francisco, CA 94105
Bryan Roberts Ph.D.	685 Market St., Suite 300 San Francisco, CA 94105
Ann Lamont	685 Market St., Suite 300 San Francisco, CA 94105
David B. Singer	685 Market St., Suite 300 San Francisco, CA 94105
Christopher P. Michel	685 Market St., Suite 300 San Francisco, CA 94105
Robert Kocher, M.D.	685 Market St., Suite 300 San Francisco, CA 94105
David Ehersman	685 Market St., Suite 300 San Francisco, CA 94105

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAExhibit BCastlight Health, Inc. List of Officers

Name	Title	Address
Giovanni Coletta, M.D.	President, CEO, Treasurer and Secretary	685 Market St., Suite 300 San Francisco, CA 94105
Naomi Allen	Vice President, Sales & Services	685 Market St., Suite 300 San Francisco, CA 94105
Dena Bravata, M.D., M.S.	Chief Medical Officer	685 Market St., Suite 300 San Francisco, CA 94105
Saravanan Chettiar	Vice President, Finance	685 Market St., Suite 300 San Francisco, CA 94105
Peter Isaacson	Chief Marketing Officer	685 Market St., Suite 300 San Francisco, CA 94105
Greg Nash	Vice President, Enterprise Sales	685 Market St., Suite 300 San Francisco, CA 94105
Ethan Prater	Vice President, Products	685 Market St., Suite 300 San Francisco, CA 94105
Naveen Saxena	Chief Technology Officer	685 Market St., Suite 300 San Francisco, CA 94105
Nita Sommers	Vice President, Strategy and Business Development	685 Market St., Suite 300 San Francisco, CA 94105
Randy Womack	Chief Operating Officer, Vice President and Assistant Treasurer	685 Market St., Suite 300 San Francisco, CA 94105

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PAGE 1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CASTLIGHT HEALTH, 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 MARCH, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CASTLIGHT HEALTH, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2008.

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.

4497933 8300

120358025

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9460416

DATE: 03-27-12