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Division of Corporations

Page of 1

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION
MEDHOK, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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Help

11/1/13

**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. MedHOK, 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. 90-1022657
(FEI number, if applicable)
4. October 23, 2013
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. c/o Bain Capital Venture Partners, LLC, John Hancock Tower, 200 Clarendon Street, Boston, MA 02116
(Principal office address)
c/o Bain Capital Venture Partners, LLC, John Hancock Tower, 200 Clarendon Street, Boston, MA 02116
(Current mailing address)
8. The purpose of the corporation is to conduct business it is authorized to do in the jurisdiction of its incorporation.
(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: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

CT Corporation System
By: [Signature]
(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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jeff Crisan

Address: c/o Bain Capital Venture Partners, LLC

John Hancock Tower, 200 Clarendon Street, Boston, MA 02116

Director: James J. Quagliaroli

Address: c/o Bain Capital Venture Partners, LLC

John Hancock Tower, 200 Clarendon Street, Boston, MA 02116

B. OFFICERS

President: Anil Kottoor

Address: c/o Bain Capital Venture Partners, LLC

John Hancock Tower, 200 Clarendon Street, Boston, MA 02116

Vice President: Jeff Crisan

Address: c/o Bain Capital Venture Partners, LLC

John Hancock Tower, 200 Clarendon Street, Boston, MA 02116

Secretary: Jeff Crisan

Address: c/o Bain Capital Venture Partners, LLC, John Hancock Tower, 200 Clarendon Street, Boston, MA 02116

Treasurer: Jay Green

Address: c/o Bain Capital Venture Partners, LLC, John Hancock Tower, 200 Clarendon Street, Boston, MA 02116

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. Jeff Crisan, Vice President & Assistant Secretary

(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 "MEDHOK, 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 THIRTIETH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0856068

DATE: 10-30-13