

FR100002540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

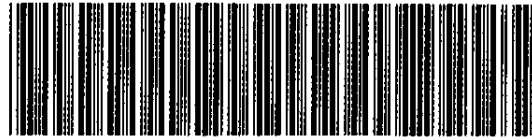
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ✓

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SECRETARY OF STATE
14 JUN 9 AM 8:33

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mevion Medical Systems, 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:

Erik Bello, Corporate Controller

Name of Person

Mevion Medical Systems, Inc,

Firm/Company

300 Foster Street

Address

Littleton MA 01460

City/State and Zip code

ebello@mevion.com

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

For further information concerning this matter, please call:

Erik Bellop

Name of Person

at (978) 540-1740

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. Mevion Medical Systems, 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. 20-0794350
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/26/2004 5. perpetual
(Date of incorporation) (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. 300 FOSTER STREET, LITTLETON MA 01460
(Principal office address)

300 FOSTER STREET, LITTLETON MA 01460
(Current mailing address)

8. The sale, installation and service of proton radiation therapy 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: C T 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.

C T Corporation System
By: [Signature]
(Registered agent's signature)

GALVINA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY

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.

16 JUN 9 4 48:39
CLERK OF THE SECRETARY OF STATE

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

A. DIRECTORS

Chairman: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached

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. Donald B Melson, Vice President and Chief Financial Officer

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

Mevion Medical Systems, Inc.
300 Foster Street
Littleton MA 01460
EIN: 20-0794350

Officers:

Name	Title	Business Address
Joseph K. Jachinowski	President & Chief Executive Officer	300 Foster Street, Littleton MA 01460
Donald B. Melson	Chief Financial Officer	300 Foster Street, Littleton MA 01460
Mitchell S. Bloom	Secretary	Goodwin Proctor LLP, Exchange Place, Boston MA 02109

Mevion Medical Systems, Inc.
300 Foster Street
Littleton MA 01460
EIN: 20-0794350 Director

Directors: Director

Name:	Title	Business Address
Joseph K. Jachinowski	Director	300 Foster Street, Littleton, MA 01460
Jay Rao	Director	300 Foster Street, Littleton, MA 01460
Robert Wilson	Director	300 Foster Street, Littleton, MA 01460
Peter P. D'Angelo	Director	300 Foster Street, Littleton, MA 01460
Anders Hove	Director	300 Foster Street, Littleton, MA 01460
Myles D. Greenberg	Director	300 Foster Street, Littleton, MA 01460
Paul Volker	Director	300 Foster Street, Littleton, MA 01460
Jay Moorin	Director	300 Foster Street, Littleton, MA 01460
Stephen Buckley Jr.	Director	300 Foster Street, Littleton, MA 01460

:

Delaware

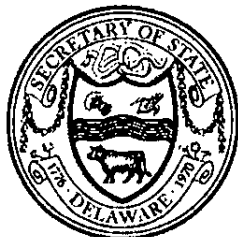
PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEVION MEDICAL SYSTEMS, 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 EIGHTH DAY OF APRIL, A.D. 2014.

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.



3770103 8300

140441699

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1275358

DATE: 04-08-14