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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842 : (850)878-5368

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

Email Address:



FOREIGN PROFIT/NONPROFIT CORPORATION ALIMERA SCIENCES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	iling Section of Corpo				
SUBJECT:	ALIMERA	SCIENCES, INC.			
		Name of corpo	ratio	- must include suffix	
Dear Sir or Ma	dam:				
"Certificate of	Existence,	n by Foreign Corporatio " or "Certificate of Good corporation to transact b	d Star	iding" and check are su	act Business in Florida," bmitted to register the
Please return al	l correspo	ndence concerning this r	natte	to the following:	
Charlene Nguon					
		Nan	uc of	Person	
National Register	red Agents,	Inc.			
		Firm	/Com	pany	
2875 Michelle D	rive, Suite	100			
			Addr	288	
Irvine, CA 9260	6				
	· · · · · · · · · · · · · · · · · · ·	City/St	late a	nd Zip code	
					
		E-mail address: (to be u	ised 1	or future annual report	notification)
For further info	rmation co	ncerning this matter, plo	:830 C	all:	
Charlene Nguon		949 at (743-8102	
Name	of Person		rca (Code & Daytime Teleph	one Number
New Fil Division Clifton 2661 Ex	ing Section of Corpor Building	rations enter Circle		MAILING A New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a ch	eck for the	following amount:			
■ \$70.00 Filing	g Fee □	1 \$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



15 MAR 16 AM 8: 19

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACRY OF STATE BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT RUSINESS IN THE STATE OF FLORIDA.

ALIMERA SCIEN	oration; must include "INCORPORATEI	O," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp,	""Inc," "Co," or "Corp.")	
(If name unavailable	in Florida, enter alternate corporate nam	te adopted for the purpose of transacting business in Florida)
Delaware	•	3
	der the law of which it is incorporated)	(FEI number, if applicable)
06/04/2003	5	Perpetual
	ncorporation)	(Duration: Year corp. will cease to exist or "perpetual")
Date filling is effect	ive	
	(Date first trunsacted business	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
6120 Windward Park	way, Ste 290, Alpharetta, GA 30005	• •
	(Principal office ad	dress)
6120 Windward Park	sway, Ste 290, Alpharetta, GA 30005	
	(Current mailing ad	dress)
Name and street ad	<u>ldress</u> of Florida registered agent: (P	O. Box NOT acceptable)
Name:	NRAI Services, Inc.	
~- ~	1200 South Pine Island Road	
fice Address:		
	Plantation	, Florida
	(City)	(Zip code)
Registered agent's	s acceptance:	
ving been named a	is registered agent and to accept ser	
ving been named a ignated in this app	is registered agent and to accept ser dication, I hereby accept the appoin	tment as registered agent and agree to act in this capacity
ving been named a lignated in this app ther agree to comp	is registered agent and to accept ser lication, I hereby accept the appoin ity with the provisions of all statutes	tment as registered agent and agree to act in this capacity relative to the proper and complete performance of my
ving been named a lignated in this app ther agree to comp	is registered agent and to accept ser dication, I hereby accept the appoin	tment as registered agent and agree to act in this capacity relative to the proper and complete performance of my
wing been named a signated in this app other agree to comp lies, and I am famil	is registered agent and to accept ser lication, I hereby accept the appoin ity with the provisions of all statutes	of my position as registered agent.
signated in this app other agree to comp ties, and I am famil	is registered agent and to accept ser ilication, I hereby accept the appoin ily with the provisions of all statutes liar with and accept the obligations	iment as registered agent and agree to act in this capacity relative to the proper and complete performance of my of my position as registered agent.

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.

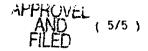
3/16/2015 13:58:25 From: To: 85D6176381



15 MAR 16 AM 8: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Names and business addresses of officers and/or directors:	" CON MODEL FLORIDA
DIRECTORS	
irman: Phil Tracy	
ress: 102 City Hall Plaza Suite 200 Durham, NC 27701	
Chairman:	
nss:	
tor:	
:ss:	
or;	
ss:	
ent: Charles D. Myers, Chief Executive Officer 6120 Windward Parkway, Suite 290, Alpharetta, GA 30005 55:	
Richard Eiswirth, Chief Financial Officer and Chief Operating Officer	
6120 Windward Parkway, Suite 290, Alpharettu, GA 30005	
David Holland, Senior Vice President; Sales and Marketing	
6120 Windward Parkway, Suite 290, Alpharetta, GA 30005	
Ken Groen, Chief Scientific Officer	
6120 Windward Parkway, Suite 290, Alpharetta, GA 30005	
E: If necessary, you may attach an addeddum to the application listing add	litional officers and/or directors.
VALY	
Signature of Director of Officer of Officer or director signing this document (and who is listed in number 12 abee and that he or she is aware that false information submitted in a document degree felony as provided for in s.817.155, F.S.	ove) affirms that the facts stated herein in to the Department of State constitute
tichard Eiswirth, Chief Financial Officer and Chief Operating Officer	
(Typed or printed name and capacity of person signing	application)



15 MAR 16 AM 8: 19

Delaware

SECRETARY OF STATE
TALLAHASSEE PLORIDA
PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALIMERA SCIENCES, 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 SIXTEENTH DAY OF MARCH, A.D. 2015.

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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALIMERA SCIENCES, INC." WAS INCORPORATED ON THE FOURTH DAY OF JUNE, A.D. 2003.

3666427 8300

1*50361687*

You may varify this cortificate online at corp.delaware.gov/euthwer.shtml

jetirey W. Bullock, Secretary of State

CATION: 2201719

DATE: 03-16-15