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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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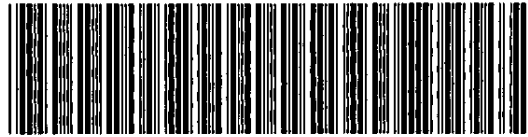
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

NOV 16 2015
S. YOUNG



Gail E. Partlow
612.335.1636 **DIRECT**
612.335.1657 **DIRECT FAX**
gail.partlow@stinson.com

November 9, 2015

Florida Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Inspire Medical Systems Inc.

Dear Sir/Madam:

Enclosed for filing is an Application by Foreign Corporation for Authorization to Transact Business in Florida for Inspire Medical Systems, Inc., together with a Certificate of Good Standing from the State of Delaware.

A check in the amount of \$828.75 is enclosed to cover the \$70 filing fee, \$600 penalty for late filing, \$150 fee for the annual report, and \$8.75 for a certified copy.

Please return proof of filing and the certified copy to the undersigned in the self-addressed envelope provided. Thank you.

Best regards,

Stinson Leonard Street LLP

A handwritten signature in black ink that reads "Gail E. Partlow".

Gail E. Partlow
Paralegal

/gep

Encs.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Inspire 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:

Gail Partlow

Name of Person
Stinson Leonard Street LLP
Firm/Company
150 South 5th Street, Suite 2300
Address
Minneapolis, MN 55402
City/State and Zip code
gail.partlow@stinsonleonard.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Gail Partlow	at (612)	335-1636
Name of Person		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. Inspire 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. 26-1377674
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/13/2007 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 04/01/2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9700 63rd Avenue North, Suite 200, Maple Grove, MN 55369
(Principal office address)
9700 63rd Avenue North, Suite 200, Maple Grove, MN 55369
(Current mailing address)

8. 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)

9. 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: Michele Miller
(Registered agent's signature) **Assistant Secretary**

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.

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

A. DIRECTORS

Chairman: See attached list

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list

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.

12. 
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.

13. Timothy P. Herbert, President
(Typed or printed name and capacity of person signing application)

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Inspire Medical Systems, Inc.

Officers

Timothy P. Herbert	President, CEO, Secretary and Treasurer 9700 63 rd Avenue North, Suite 200, Maple Grove, MN 55369
Randy A. Ban	Sr. Vice President, External Operations 9700 63 rd Avenue North, Suite 200, Maple Grove, MN 55369
Rick Buchholz	Vice President of Product Development 9700 63 rd Avenue North, Suite 200, Maple Grove, MN 55369
Quan Ni	Vice President of Research 9700 63 rd Avenue North, Suite 200, Maple Grove, MN 55369

Directors

Timothy P. Herbert	9700 63 rd Avenue North, Suite 200, Maple Grove, MN 55369
Glen D. Nelson, MD	9700 63 rd Avenue North, Suite 200, Maple Grove, MN 55369
Jerry C. Griffin	9700 63 rd Avenue North, Suite 200, Maple Grove, MN 55369
Edward Schuck	9700 63 rd Avenue North, Suite 200, Maple Grove, MN 55369
Dana Mead	9700 63 rd Avenue North, Suite 200, Maple Grove, MN 55369
Casey Tansey	9700 63 rd Avenue North, Suite 200, Maple Grove, MN 55369
Mark Fletcher	9700 63 rd Avenue North, Suite 200, Maple Grove, MN 55369
Mudit Jain	9700 63 rd Avenue North, Suite 200, Maple Grove, MN 55369
Chau Khuong	9700 63 rd Avenue North, Suite 200, Maple Grove, MN 55369

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TAI N. ANASSEE, FLORIDA

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSPIRE 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 NINTH DAY OF NOVEMBER, 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 SAID "INSPIRE MEDICAL SYSTEMS, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID 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: 10385141

Date: 11-09-15