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(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 187060 7430464

AUTHORIZATION

COST LIMIT : \$\7.0.00

ORDER DATE : June 21, 2016

ORDER TIME : 12:08 PM

ORDER NO. : 187060-005

CUSTOMER NO: 7430464

FOREIGN FILINGS

NAME: ACHILLES TECHNOLOGY

MANAGEMENT CO II, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations			
Achilles Technology Man	nagement Co II, It	nc.	
Name of corporation - must include suffix			
Dear Sir or Madam:			
	ate of Good Sta	r Authorization to Transact Business in Florida," and check are submitted to register the less in Florida.	
Please return all correspondence conce Eileen Bagarella	erning this matte	er to the following:	
	Name of	Person	
Hercules Capital, Inc.			
	Firm/Cor	npany	
400 Hamilton Avenue, Suite 310			
Address Palo Alto, CA 94301			
	City/State s	and Zip code	
ebagarella@htgc.com	City/State a	and Zip code	
E-mail addr	ess: (to be used	for future annual report notification)	
For further information concerning this	s matter, please	call:	
Eileen Bagarella	847 at (542-1858	
Name of Person	Area Cod	de Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32301		,	
Enclosed is a check for the following as	mount:		
☐ \$70.00 Filing Fee ☐ \$78.75 Fil Certificate	ing Fee & C e of Status	3 \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, 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. Achilles Technology Management Co II, 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) Delaware 81-2856783 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) June 6, 2016 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 400 Hamilton Avenue, Suite 310, Palo Alto, CA 94301 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee , Florida (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.

> Courtney Williams Corporation Service Company Asst. Vice President By: (Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS See attached Exhibit A Chairman: Address: ___ Vice Chairman: Address: _____ Director: ______ **B. OFFICERS** See attached Exhibit A President: Address: _____ Vice President: Secretary: _____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. race Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Melanie Grace, General Counsel and Secretary

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

Exhibit A Directors and Officers of Achilles Technology Management Co II, Inc.

Directors:

Manuel Henriquez Scott Bluestein Daniel O'Rourke

Officers:

Chief Executive Officer
Chief Financial Officer
General Counsel and Secretary
Vice President
Vice President
Vice President

MANUEL HENRIQUEZ MARK HARRIS MELANIE GRACE SCOTT BLUESTEIN DANIEL O'ROURKE JOHN L. PALMER

Address for all officers and directors: 400 Hamilton Avenue, Suite 310 Palo Alto, CA 94301

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<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACHILLES TECHNOLOGY MANAGEMENT CO II,

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-FIRST DAY OF

JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACHILLES TECHNOLOGY MANAGEMENT CO II, INC." WAS INCORPORATED ON THE SIXTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202526529

Date: 06-21-16

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