F1600000 5703

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
W16-81841'	7	

Office Use Only



200292140442

12/02/16--01012--003 **70.00

12/29/16--01003--015 **1100.00

16 DEC 28 AM 7: IN SECRETARY OF SIAN TALLAHASSEE, FLORI



December 7, 2016

JOAN FORTMILLER ONE MONARCH DRIVE, SUITE 102 LITTLETON, MA 01460

SUBJECT: IMAGE STREAM MEDICAL, INC.

Ref. Number: W16000081847

We have received your document for IMAGE STREAM MEDICAL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1,100.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tanisha L Washington Regulatory Specialist II

Letter Number: 116A00026028

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	dical Inc
Name of corporation	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business."	nding" and check are submitted to register the
Please return all correspondence concerning this matter Joan Fortmiller	r to the following:
Name of	Person
Image Stream Medical, Inc.	
Firm/Com	pany
One Monarch Drive, Suite 102	
Addre	ess
Littleton MA 01460	
City/State a	nd Zip code
jfortmiller@imagestreammedical.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	call:
JOAN Fortmiller at (978	1 951-1466
Name of Person Area Cod	e Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee S78.75 Filing Fee & Certificate of Status	1 \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy ☐ 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.

(Enter name of c	orporation; must include "INCORPO orp," "Inc," "Co," or "Corp.")	RATED," "COMPANY," "CORPORATION,"
		te name adopted for the purpose of transacting business in Florida)
Delaware, USA		20-8110254 3.
12/28/2006	y under the law of which it is incorpo	
01/01/2012	of incorporation)	(Date of duration, if other than perpetual)
One Monarch Dr		usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)
'		(Principal office address)
	(Curt	ent mailing address, if different)
Name and stree	et address of Florida registered ag Corporation Service Company	nt: (P.O. Box NOT acceptable)
ffice Address:	1201 Hays Street	· · ·
	Tallahassee	32301 , Florida
	(City)	(Zip code)
laving been nam esignated in this orther agree to c	application, I hereby accept the omply with the provisions of all s	ept service of process for the above stated corporation at the place appointment as registered agent and agree to act in this capacity. Statutes relative to the proper and complete performance of my ations of my position as registered agent.
C B	Franklik Walakis	Ashley isbert Assistant Vice President

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A.DIRECTORS: Jewett F. Flanagan Director: 3595 E Ridgeway Drive, Kamas, UT 84036 Steve Papadopolous Director: 5816 E Via Del Cielo, Paradise Valley, AZ 85253 Address: Peter E Renzi Director: One Monarch Drive, Suite 102, Littleton MA 01460 Address: Perry F DeAugustine Director: 22100 Bothell Everett Hwy, Mailstop 730, Bothell WA 98021 Address: **B. OFFICERS** Eddie E Mitchell President: One Monarch Drive, Suite 102, Littleton MA 01460 Address: Vice President: Michael Miller Secretary: One Monarch Drive, Suite 102, Littleton MA 01460 Treasurer: ___ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Michael Miller, Secretary & COO (Typed or printed name and capacity of person signing application)

Page 1

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "IMAGE STREAM MEDICAL, 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 NINETEENTH DAY OF NOVEMBER, A.D.

2016.

Authentication: 203368139

Date: 11-19-16

4275793 8300 SR# 20166619655