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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

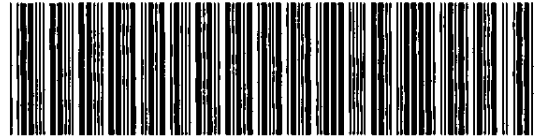
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Certified Copies _____

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FILED
MAR 28 A 5:01
SECRETARY OF STATE
TAMPA, FLORIDA

S Warren

MAR 02 2017



February 23, 2017

Florida Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: **Second Sight Medical Products Inc.**
Application by Foreign Corporation for Authorization to Transact Business in Florida

To Whom It May Concern:

Enclosed please find an **Application by Foreign Corporation for Authorization to Transact Business in Florida** for our client, **Second Sight Medical Products Inc.** Once the application has been processed, please forward evidence of approval to the mailing address on the application. If there is any issue, or if you require any further information, please do not hesitate to contact us.

Thank you,

LicenseLogix
140 Grand Street, Suite 300
White Plains, NY 10601
service@licenselogix.com
(800) 292-0909

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Second Sight Medical Products, 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:

Caroline Collins

Name of Person

LicenseLogix, LLC

Firm/Company

140 Grand St., Suite 300

Address

White Plains, NY 10601

City/State and Zip code

service@LicenseLogix.com

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

For further information concerning this matter, please call:

Caroline Collins	LicenseLogix, LLC	at (800)	292-0909 x 316
Name of Person		Area Code	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:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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. Second Sight Medical Products, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- N/A
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. California 3. 02-0692322
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/31/2003 5. Perpetual
(Date of incorporation) (Date of duration, if other than 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. 12744 San Fernando Road, Suite 400 Sylmar, CA 91342
(Principal office address)
- _____
(Current mailing address, if different)

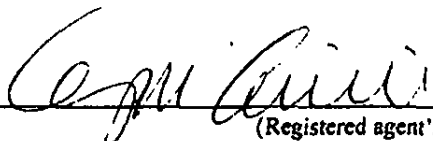
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr. Suite A
Tallahassee, Florida 32301
(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.


(Registered agent's signature)

on behalf of LicenseLogix, LLC

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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JUL 28 A 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. 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: _____

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 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.

13. Will McGuire

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

FILED
2011 SEP 28 A 5:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

CORPORATE DIRECTORS

Robert J. Greenberg, M.D., Ph.D.

Chairman and Founder of Second Sight
12744 San Fernando Road, Suite 400, Sylmar, CA 91342

Will McGuire

Director
12744 San Fernando Road, Suite 400, Sylmar, CA 91342

William J. Link

Director
12744 San Fernando Road, Suite 400, Sylmar, CA 91342

Aaron Mendelsohn

Director and Founder
12744 San Fernando Road, Suite 400, Sylmar, CA 91342

Matthew Pfeffer

Director
Chair of the Audit Committee
12744 San Fernando Road, Suite 400, Sylmar, CA 91342

Gregg Williams

Director
12744 San Fernando Road, Suite 400, Sylmar, CA 91342

CORPORATE OFFICERS

Will McGuire

President and CEO
12744 San Fernando Road, Suite 400, Sylmar, CA 91342

Robert J. Greenberg, M.D., Ph.D.

Chairman and Founder
12744 San Fernando Road, Suite 400, Sylmar, CA 91342

Thomas B. Miller

Chief Financial Officer
12744 San Fernando Road, Suite 400, Sylmar, CA 91342

Steve Okland

Commercial Vice President, U.S. and Canada
12744 San Fernando Road, Suite 400, Sylmar, CA 91342

Gregoire Cosendai, Ph.D.

Vice President of European Operations
12744 San Fernando Road, Suite 400, Sylmar, CA 91342

Edward Randolph

Vice President of Manufacturing
12744 San Fernando Road, Suite 400, Sylmar, CA 91342

SECRETARY OF STATE
TAMMSEEN, FLORIDA

2017 SEP 28 A 5:01

FILED

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SECOND SIGHT MEDICAL PRODUCTS, INC.

FILE NUMBER: C2536744
FORMATION DATE: 05/22/2003
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of February 23, 2017.

ALEX PADILLA
Secretary of State