Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

: (954)208-0845

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

Email	Address:	
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## FOREIGN PROFIT/NONPROFIT CORPORATION OUTSET MEDICAL, INC.

Certificate of Status	0
Certified Copy	Ü
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Help

K. SALY

APR - 6 2017

3.350

## **COVER LETTER**

TO:		ration Se on of Co	etion rporations				
SUBJE	ECT:	Outset N	Medical, Inc.				
			N	lame of corpo	ration	- must include suffix	
Dear Sir	r or <b>M</b> a	idam:				.7	
"Certifi	cate of	Existenc	e," or "Certi		d Stan	Authorization to Transac ding" and check are sub ss in Florida.	
Please r	eturn a	ll corresp	ondence cor	ncerning this	matter	to the following:	
Jeff Mad	ck						
				Nai	ne of l	Person	
Outset N	∕Iedical,	Inc.					
		· · · · · · · · · · · · · · · · · · ·		Firm	ı/Com	pany	
1830 Be	ring Dr	ivc					
					Addre	SS	
San Jose	, CA 95	5112					
				City/S	tate ar	nd Zip code	
jnguyen	@outset	tmedical.c					
			E-mail ad	ldress: (to be	used f	or future annual report n	otification)
For furt	her info	ormation	concerning t	his matter, pl	ease c	all:	
Jounifer	Nguyer	1		at (669	9	231-8224	
N starramina	Name	of Person	rı		a Code	Daytime Teleph	none Number
	Registr Divisio Clifton 2661 E Tallahs	ration Scoon of Cor Building Executive Issee, FL	porations S Center Circl	le		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fi	ection rporations
<b>Ø \$</b> 70.0	00 Filir	ig Fee	S78.75 Certific	Filing Fee & cate 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.

	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")			
If name unavaile	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	business in Florida)	
Delaware	3 20	20-0514392		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
05/05/2003	5.			
(Date	of incorporation) 5.	(Date of duration, if other t	han perpetual)	
November 2016				
	(Date first transacted business in F (SEE SECTIONS 607.150) & 607.1502		y)	
830 Bering Driv	ve, San Jose, CA 95112			
	(Principal	office address)		
	(Current mailing	address, if different)		
	(Current mailing a		20	
Name and <u>stree</u>	(Current mailing a standards) of Florida registered agent: (P.O. l		2011 A	
Name and <u>stree</u> Name:	(Current mailing a		2017 APR	
Name:	(Current mailing and address of Florida registered agent: (P.O. land C T Corporation System  1200 South Pinc Island Road	Box <u>NOT</u> acceptable)	5	
Name:	(Current mailing and address of Florida registered agent: (P.O. land C T Corporation System  1200 South Pinc Island Road	Box <u>NOT</u> acceptable)	5	
	(Current mailing and address of Florida registered agent: (P.O. land C T Corporation System  1200 South Pinc Island Road	Box <u>NOT</u> acceptable)	5	
Name: fice Address:	(Current mailing and address of Florida registered agent: (P.O. left Componition System)  1200 South Pine Island Road  Plantation  (City)		1.34	
Name: Tee Address: Registered age	(Current mailing and address of Florida registered agent: (P.O. left Corporation System)  1200 South Pine Island Road  Plantation  (City)	Box NOT acceptable)  , Florida 33324 (Zip code)	ANY OF STATE	
Name: ice Address: Registered age wing been nam ignated in this	(Current mailing and address of Florida registered agent: (P.O. left address of Florida registered agent: (P.O. left address of Florida registered agent and to accept service application, I hereby accept the appointme.	Box NOT acceptable) , Florida 33324, (Zip code)  tof process for the above stated at as registered agent and agre	corporation at the ple to act in this capaci	
Name: ice Address: Registered age ving been nam ignated in this ther agree to co	(Current mailing a standard mailing a standard mailing a standard mailing a composition System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  end as registered agent and to accept service application, I hereby accept the appointment of all statutes relations.	Box NOT acceptable) , Florida 33324, Florida (Zip code)  to f process for the above stated at as registered agent and agreative to the proper and complete	corporation at the ple to act in this capaci	
Name: ice Address: Registered age ving been nam ignated in this ther agree to co	(Current mailing a address of Florida registered agent: (P.O. left address of Florida registered agent: (P.O. left address of Florida registered agent (P.O. left)  (City)  (City)	Box NOT acceptable)  , Florida 33324 (Zip code)  of process for the above stated at as registered agent and agreative to the proper and completiny position as registered agent.	corporation at the ple to act in this capaci	
Name: fice Address:  Registered age why been nam ignuted in this ther ugree to co	(Current mailing a standard mailing a standard mailing a standard mailing a composition System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  end as registered agent and to accept service application, I hereby accept the appointment of all statutes relations.	Box NOT acceptable)  , Florida 33324 (Zip code)  of process for the above stated at as registered agent and agreative to the proper and completiny position as registered agent.	corporation at the ple to act in this capaci	

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.

il. Nan	nes and business addresses of officers and/or directors:	2017 APR-5	EU
	ECTORS	" n -5	AM 9:1.
Chairmai	Keith Grossman	TALLAHASAL, OF	S:
Address:	P.O. Box 523	~ c., F	$V \partial R_{D_{L}}^{ij}$
	Diablo, CA 94528		
Vice Cha	tirman:		
Address:			
Director:	Annette Rodriguez		
Address:	450 Lexington Ave		
	New York, NY 10017		
Director:	In Seon Hwang		
Address:	450 Lexington Ave		
	New York, NY 10017		
B. OFF	TCERS		
President	Leslie Trigg, CEO		
Address:	1830 Bering Drive, San Jose, CA 95112		
Vice Pres	Secretary - Philip Octtinger		
Address:	650 Page Mill Road		
	Palo Alto, CA 94304		
Secretary	Chief Financial Officer - Jeff Mack		
Address:	1830 Bering Drive, San Jose, CA 95112		
Treasurer	;		
Address:			
NOTE:	If necessary, you may attach an addendum to the application listing additi	onal officers and/or directors.	
The offic are true a a third de	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above and that he or she is aware that false information submitted in a document egree felony as provided for in s.817.155, F.S.  Mack, CFO	e) affirms that the facts stated to the Department of State con	herein istitutes
13,	(Typed or printed name and capacity of person signing app	olication)	

Outset Medical, Inc.

**BOD-Additional information** 

Name	Address1	Address2	City	State	Zip	Country
Tony Chou	The Vertical Group	25 DeForest Ave	Summit	NJ	07901	USA
Scot Bartos	450 Knights Run	# 1604	Tampa	FL	33602	USA
Rohit Vishnoi	235 Willow ave		Deerfield	iL	60015	USA
Leslie Trigg	1830 Bering Dr.		San Jose	CA	95112	USA

WITH A SHOW STANDS

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "OUTSET MEDICAL, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

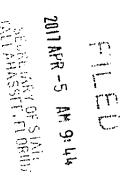
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MARCH, A.D.

2017.

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.



3654851 8300

SR# 20171930803

You may verify this certificate online at corp.delaware.gov/authver.shtml

JeHray W. Bollock, Secretary of State

Authentication: 202244491

Date: 03-22-17