

F17000003513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

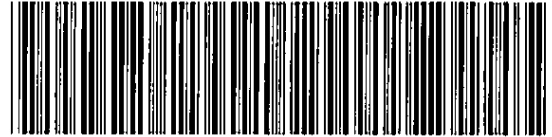
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
17 AUG -4 PM 3:29
DEPT. OF REVENUE

S. WARREN

AUG 07 2017

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 8/4/2017

PRIORITY Routine

OUR REF # (Order ID#) 591742

ORDER ENTITY
COMPANION MEDICAL, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

COMPANION MEDICAL, INC. (FL)

File the attached foreign qualification document

Please provide a certified copy as evidence.

NOTES:

\$78.75 Authorized

Email address for annual reminders: sean@companion-medical.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely, _

A handwritten signature in cursive script, appearing to read "Melissa", written in black ink.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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. Companion Medical, 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. 46-4437014
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/24/2013 5. _____
(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. 16486 Bernardo Center Drive, Suite 300 San Diego, CA 92128
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: Incorporating Services, Ltd.
Office Address: 1540 Glenway Drive
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)

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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Sean Thomas Saint

Address: 16486 Bernardo Center Drive, Suite 300

San Diego, CA 92128

Director: Michael Robert Mensinger

Address: 16486 Bernardo Center Drive, Suite 300

San Diego, CA 92128

B. OFFICERS

President: Sean Thomas Saint

Address: 16486 Bernardo Center Drive, Suite 300

San Diego, CA 92128

Vice President: _____

Address: _____

Secretary: Peter Townshend

Address: 16486 Bernardo Center Drive, Suite 300, San Diego, CA 92128

Treasurer: Jennifer Halsey

Address: 16486 Bernardo Center Drive, Suite 300, San Diego, CA 92128

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. Peter Townshend, Secretary

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

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CLERK OF SUPERIOR COURT
SAN DIEGO, CALIF.

Application by Foreign Corporation for Authorization to Transact Business in Florida

Companion Medical, Inc.

Addendum for Additional Directors Section 11:

Director: Anders Essen-Moller

Address: 16486 Bernardo Center Drive, Suite 300, San Diego, CA 92128

Director: Divakar Ramakrishnan

Address: 16486 Bernardo Center Drive, Suite 300, San Diego, CA 92128

Director: Aaron Berez

Address: 16486 Bernardo Center Drive, Suite 300, San Diego, CA 92128

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE STATE OF FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPANION 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 THIRD DAY OF AUGUST, 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 SAID "COMPANION MEDICAL, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF DECEMBER, A.D. 2013.

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



5455657 8300

SR# 20175568544

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203002036

Date: 08-03-17