

F17000004928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

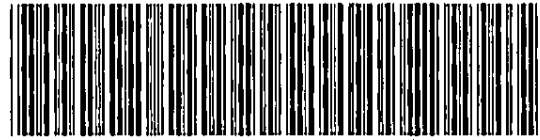
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 02 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations
Embolx, Inc.

SUBJECT: _____
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:
Michael Lin

Name of Person
Embolx, Inc.

Firm/Company
530 Lakeside Drive Suite 200

Address
Sunnyvale, CA 94085

City/State and Zip code
finance@embolx.com

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

For further information concerning this matter, please call:

Michael Lin 408 990-2949 x705

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:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate 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.**

Embolx, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Embolx

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
California 30-0790974

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
07/09/2013

4. _____ 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)
530 Lakeside Drive Suite 200, Sunnyvale, CA 94085

7. _____
(Principal office address)

(Current mailing address, if different)
Registered Agent Solutions, Inc.

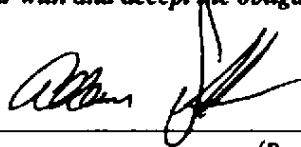
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Registered Agent Solutions, Inc.

Name: _____
155 Office Plaza Dr. Suite A

Office Address: _____
Tallahassee 32301
_____, 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.



Adam Saldaña, Asst. Sec.

(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

Norm Gitis

Chairman:

530 Lakeside Drive Suite 200

Address:

Sunnyvale, CA 94085

Michael Allen

Vice Chairman:

530 Lakeside Drive Suite 200

Address:

Sunnyvale, CA 94085

Paul Rogan

Director:

530 Lakeside Drive Suite 200

Address:

Sunnyvale, CA 94085

Frank Grillo

Director:

530 Lakeside Drive Suite 200

Address:

Sunnyvale, CA 94085

B. OFFICERS

Michael Allen

President:

530 Lakeside Drive Suite 200

Address:

Sunnyvale, CA 94085

Vice President:

Address:

Frank Grillo

Secretary:

530 Lakeside Drive Suite 200, Sunnyvale, CA 94085

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.

President and CEO

13. 

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

Addendum - Additional Directors

Erik Corrigan
530 Lakeside Drive Suite 200
Sunnyvale, CA 94085

2017-06-13-PM 3:17
Erik Corrigan

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

EMBOLX, INC.

FILE NUMBER: C3584701
FORMATION DATE: 07/09/2013
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 October 24, 2017.

ALEX PADILLA
Secretary of State