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| (City/State/Zip/Phone #)                |  |  |  |  |  |
| (Only/State/Zip/Priorie #)              |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| , ,                                     |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Certificates of Status                  |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |
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Office Use Only



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S. WARREN DEC 0 4 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

# incserv<sup>o</sup>

#### **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

|      |      | . —  | _            |
|------|------|------|--------------|
| REQU | JEST | DATE | E] 12/1/2017 |

**PRIORITY** Routine

**OUR REF # (Order ID#)** 614275

### ORDER ENTITY

AUTONOMIC, INC.

#### PLEASE PERFORM THE FOLLOWING SERVICES:

AUTONOMIC, INC. (FL)

File the attached foreign qualification document

Please provide a certified copy as evidence.

NOTES:

\$78.75 Authorized

#### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

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

Sincerely.

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.

Friday, December 01, 2017 Page 1 of 1

## 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.")                           | ," "COMPANY." "CORPORATION  |   |  |
|-----------------------|---|---|---|--|
| Delaware 2.           | able in Florida, enter alternate corporate names 3 y under the law of which it is incorporated) | e adopted for the purpose of transactin  81-3958579  (FEI number, if ap |   |  |
| 4. August 1, 20       |   | •   | •   |  |
|                       | of incorporation)   | (Date of duration, if other   | (Date of duration, if other than perpetual)   |  |
|                       |   | ling address, if different)   |   |  |
|                       | et address of Florida registered agent: (P<br>Incorporating Services, Ltd.                      | .O. Box NOT acceptable)   | <b>17 C</b>   |  |
| Name: Office Address: | 1540 Glenway Drive  |   | 100 - |  |
| 9. Registered age     | Tallahassee   | , Florida   |   |  |
|                       | (City)  | (Zip code)  | 7 DEC -1 AM II: 03  |  |

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.

Megistered 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 Chairman: Vice Chairman: Address: Sundeep Madra Address: 745 Emerson St., Palo Alto, CA 94301 Amar Varma Director: 745 Emerson St., Palo Alto, CA 94301 **B. OFFICERS** President: \_Sundeep Madra 745 Emerson St., Palo Alto, CA 94301 Vice President: \_\_\_\_\_ Address: Secretary: Sundeep Madra Address: 745 Emerson St., Palo Alto, CA 94301 Treasurer: 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. 13. Amar Varma - Director

#### **ADDENDUM: ADDITIONAL DIRECTORS & OFFICER**

#### A. DIRECTORS

Director: Gavin Sherry

Address: 745 Emerson St., Palo Alto, CA 94301

Director: Benjamin Black

Address: 745 Emerson St., Palo Alto, CA 94301

Director: Rich Strader

Address: 745 Emerson St., Palo Alto, CA 94301

#### **B. OFFICERS**

Chief Executive Officer: Sundeep Madra

Address: 745 Emerson St., Palo Alto, CA 94301

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Page 1



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

DELAWARE, DO HEREBY CERTIFY "AUTONOMIC, 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 FIRST DAY OF DECEMBER, 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 "AUTONOMIC, INC."

WAS INCORPORATED ON THE FIRST DAY OF AUGUST, A.D. 2016.

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

Authentication: 203666750

Date: 12-01-17

6112527 8300 SR# 20177335954