

Page 2 of 6

1/29/2018

2018-01-29 15 42 25 CST

19542080845 From Ranae McGraw

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H180000347**7**03)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

RECEIVED

JAN 29 Z018

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (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:_

FOREIGN PROFIT/NONPROFIT CORPORATION INVUITY, INC.

Name of Street, Street	the same of the sa
Certificate of Status	U
Certified Copy	0
Page Count	05
Estimated Charge	S1,020.00

Electronic Filing Menu Corporate Filing Menu

Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATURES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

L INVUITY, INC.		
(Enter name of co	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"
(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)
2. Delaware	3	04-3803169
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4. 04/06/2015	5. <u>P</u>	Perpetual
(Date	of incorporation)	(Date of duration, if other than perpetual)
6.	4/6/2015	
···	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	Perida If prior to registration) 2, F.S. to determine penalty liability)
7 444 De Haro Strei	et, San Francisco, CA 94107	· 7 18
	(Principal	office address)
same	(Current mailing	address, if different)
8. Name and street	anddress of Florida registered agent: (P.O.	원설 약
Name:	C T Corporation System	<u>-</u>
Office Address:	1200 South Pine Island Road	
	Plantation	, Florida <u>33324</u>
	Plantation (City)	(Zip code)
designated in this	ed as registered agent and to accept service application. I hereby accept the appointment	e of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity. I lative to the proper and complete performance of my my position as registered agent.
	C T Corporation System	
	By: ap With	April Wilcowyler, Ast, Secretary
_		gent'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 SEE ATTACHMENT	
Address.	
Sun Francisco, CA 94107	
Vice Cheirman:	
Address:	
Director:	
Address:	
Director:	
Address:	
Audition.	
B. OFFICERS	
President: Philip Sawyer	
Address: 444 De Haio Street	
San Francisco, CA 94107	
Vice President:	
Address:	
Secretary: Daniel Gorback	
Address: 444 De Haro Street, San Francisco, CA 94107	
Treasurer: James H. Mackaness	
Address: 444 De Hare Street, San Francisco, CA 94107	lining additional of linere and/or directors
NOTE: If necessary, you may attach an addendum to the application	in listing additional officers and/or directors.
12. Signature of Director or	Oficer
The officer or director signing this document (and who is listed in n are true and that he or she is aware that fulse information submitted a third degree felony as provided for in s.817.155, F.S.	uniber 11 above) affirms that the facts stated herein
tames Mackaness, CFO	requesigning anotication)
(Typed or printed name and capacity of per	2011 Stiffling alst mearcons

Attachment to Florida Officers & Directors

1 Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address: City:

State:

ZIP Code:

2 Full Name: Officer/Director:

Officer's Title:

Director's Title:

Business Address: City:

State: ZIP Code:

3 Full Name: Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State: ZIP Code:

4 Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State: ZIP Code:

5 Full Name: Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State: ZIP Code: William W. Burke

Director

Director

444 De Haro Strept

San Francisco

CA

94107

Randall A. Lipps

Director

Director

444 De Haro Stroet

San Francisco

CA 94107 Eric Roberts

Director

Director

444 De Haro Street

San Francisco

CA 94107

Daniel Wolterman

Director

Director

444 De Haro Street

San Francisco

CA 94107 Scott Flora

Director

Director

444 De Haro Street

San Francisco

CA 94107

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "INVUITY, 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-FOURTH DAY OF JANUARY, A.D. 2018.

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.

5665926 8300 SR# 20180460701

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

Jeffrey W. Worlack, Secretary of State

Authentication: 202026158

Date: 01-24-18