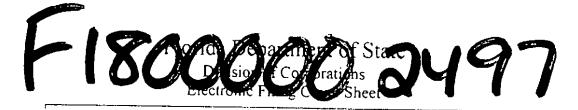
Division of Corporations

Page 1 of 2



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(((H18000160997 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1290

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

Email Address: simon.day@cmrsurgical.com.

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211

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MAX 5 8 50.13 J. HARRIS (((H180001609973)))

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.

Of name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida Delaware 32-0544354 (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1-120 Celebration Boulevard, Mailbox 1307, Celebration, FL, 34747, USA (Principal office accepts) (Current mailing address, Cdifferent)	(State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, [Perpetual] (SEE SECTIONS 507.1501 & 607.1502, F.S., to determine penalty liability) (Principal office and street address of Florida registered agent: (P.O. Box NOT acceptable) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. (City) (City) (Finding of the purpose of transacting business in Florida, if prior to registration) (Finding of the purpose of transacting business in Florida, if prior to registration) (Finding of the purpose of transacting business in Florida, if prior to registration) (SIE SECTIONS 507.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) (Current mailing address, if different) (City) (Current mailing address, if different) (City) (Ci	(Entername of a "Inc.," "Co.," "C	corporation; must include "INCORPORATE Corp." "Inc." "Co." or "Corp.")	D," "COMPANY," "CORPORATION,			-
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Manufa Company	(City) (Zip code)		Tanipa	33607	ue Z		
- rtonda	Registered agent's acceptance:			Florida	الله الله	=	-
(City) (Zip code)	Registered agent's acceptance:		(Chy)	(Zip code)	.135	Ω	
ving been named as registered agent and to accept service of process for the above stated corporation at the ignated in this application, I hereby accept the appointment as registered agent and agree to act in this cap		ner agree to co	Imply with the provisions of all statutes	relative to the proper and complete	performunc	e of m	y.
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this cap ther agree to comply with the provisions of all statutes relative to the proper and complete performance of t es, and I am familiar with and accept the obligations of my position as registered agent.	ner agree to comply with the provisions of all statutes relative to the proper and complete performance of my		Bill Has	The			
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^{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.

(((H18000160997 11)))

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

A. DIRI	ECTORS			
Chairman	·			
Address;				
Vice Chai	irman:			—
Address:				
	i de la companya de			
Director;	MI Martin Span Liber			
Address:	Apartment 48, Beacon Rise, 160 Newmarket Road			
	Cambridge, CB5 8AX, UK			
Director:	Mr Simon Day			
	H Cheney Way			
Address.	Cambridge, CB4 1UE, UK			
B. OFF	Mr Martin John Frost			
President	Apartment 48, Beacon Rise, 160 Newmarket Road	7-1	£33	
Address:	Cambridge, CB5 8AX, UK	21-16	26 AP	
Vice Pres	sident.	52	ξ γ γ	Company of the Compan
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Address.		<u></u>	51	Secretary 6
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Addrass.				
	If necessary, you may attach an addendum to the application listing additional	l officers and/or directo	н\$.	
12	Signature of Director or Officer			
The offi are true a third of	icer or director signing this document (and who is listed in number 11 above) a and that he or she is aware that false information submitted in a document to t degree felony as provided for in s.817.155, F.S.	iffirms that the facts sta he Department of State	ted her constit	ein utes
13. Mr	Simon Day - Director	ation		
	(Typed or printed name and capacity of person signing applic	actory		

(((H180001609973)))

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CMR SURGICAL, 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-FIFTH DAY OF MAY, 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 SAID "CMR SURGICAL INC." WAS INCORPORATED ON THE SECOND DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

9

4.7

BEEN PAID TO DATE.

6564659 8300 SR# 20184356641

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

Authentication: 202766209

Date: 05-25-18