

F20000005523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

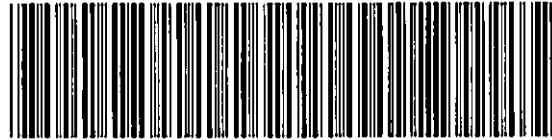
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



200356079592

2003-05-09 PM 1:25

FILED

2003 DEC -9 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REC - 4 2020
K. Brumpley

CT CORP**3458 Lakeshore Drive, Tallahassee, FL 32312****850-656-4724****Date:** 12. 9/2020

Acc#I20160000072

en: c DW

Name:	Amplitude Vascular Systems, Inc.
Document #:	
Order #:	13384260

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75**Thank you!**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amplitude Vascular Systems, Inc.

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:

Stephanie Swan

Name of Person

Honigman LLP

Firm/Company

222 N. Washington Sq., Suite 400

Address

Lansing, MI 48933

City/State and Zip code

sswan@honigman.com

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

For further information concerning this matter, please call:

Stephanie Swan

at (517) 377-0275

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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.*

1. Amplitude Vascular Systems, 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. 802355693
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/13/2019 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. 330 E. Liberty Lower Level, Ann Arbor, MI 48104
(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation , Florida 33324
(City) (Zip code)

FILED
2020 DEC -9 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

C T Corporation Syste

By: Stephanie Hencz, Assistant Secretary

Stephanie Hencz
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Mark Toland

☐ Vice Chairman Address: _____

☒ Director c/o Amplitude Vascular Systems, Inc.

☒ President 330 E. Liberty Lower Level

☐ Vice President Ann Arbor, MI 48104

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other _____

☐ Chairman Name: Robert Chisena

☐ Vice Chairman Address: _____

☒ Director c/o Amplitude Vascular Systems, Inc.

☐ President 330 E. Liberty Lower Level

☐ Vice President Ann Arbor, MI 48104

☒ Secretary ☐ Treasurer

☒ Other CTO ☐ Other _____

☐ Chairman Name: Hitinder Gurm

☐ Vice Chairman Address: _____

☒ Director c/o Amplitude Vascular Systems, Inc.

☐ President 330 E. Liberty Lower Level

☐ Vice President Ann Arbor, MI 48104

☐ Secretary ☒ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Louis Cannon

☐ Vice Chairman Address: _____

☒ Director c/o Amplitude Vascular Systems, Inc.

☐ President 330 E. Liberty Lower Level

☐ Vice President Ann Arbor, MI 48104

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: David Long

☐ Vice Chairman Address: _____

☒ Director c/o Amplitude Vascular Systems, Inc.

☐ President 330 E. Liberty Lower Level

☐ Vice President Ann Arbor, MI 48104

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

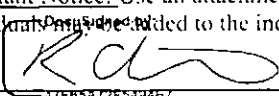
☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals are not added to the index when filing your Florida Department of State Annual Report form.

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. Robert Chisena, Chief Technology Officer and Secretary
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMPLITUDE VASCULAR SYSTEMS, 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 NINTH DAY OF DECEMBER, A.D. 2020.

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.



7560135 8300

SR# 20208599864

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 in a small font.

Authentication: 204271876

Date: 12-09-20