

FEB/04/2022/FRI 07:11 AM

FAX No.

P. 001/006

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H220000448703

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.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 900-2290

2022 FEB -4 AM 10:27

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

Email Address: managedreports@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Beta Bionics, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

S. FRANKLIN

FEB 07 2022

FEB/04/2022/FRI 07:12 AM

FAX No.

P. 002/006

DocuSign Envelope ID: 181F675A-4E93-4B28-84D3-EBC2C207AA64

H220000448703

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beta Bionics, 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:

Amanda Morehouse

Name of Person
InCorp Services, Inc.

Firm/Company
3773 Howard Hughes Pkwy. Suite 500S

Address
Las Vegas, NV 89169-6014

City/State and Zip code
managedreports@incorp.com

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

For further information concerning this matter, please call:

Amanda Morehouse on behalf of InCorp Services, Inc. at

Name of Person

Area Code

800-246-2677

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

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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*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. Beta Bionics, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Massachusetts 3. 47-5386878
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/21/2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 11 Hughes, Irvine, CA 92618
(Principal office street address)

- _____ (Current mailing address, if different)

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

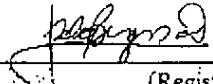
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.

 _____
Isabel Burgos on behalf of InCorp Services, Inc.
(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.

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A. DIRECTORS

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☐ Chairman Name: Martha Aronson

☐ Vice Chairman Address: _____

☒ Director 300 Baker Avenue, Suite 301

☐ President Concord, MA 01742

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Sean Carney

☐ Vice Chairman Address: _____

☒ Director 300 Baker Avenue, Suite 301

☐ President Concord, MA 01742

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Finny Kuruvilla

☐ Vice Chairman Address: _____

☒ Director 300 Baker Avenue, Suite 301

☐ President Concord, MA 01742

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Jeff Hitchcock

☐ Vice Chairman Address: _____

☒ Director 300 Baker Avenue, Suite 301

☐ President Concord, MA 01742

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Edward Damiano

☐ Vice Chairman Address: _____

☒ Director 300 Baker Avenue, Suite 301

☒ President Concord, MA 01742

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Gilbert Clarke

☐ Vice Chairman Address: _____

☐ Director 300 Baker Avenue, Suite 301

☐ President Concord, MA 01742

☐ 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 may be added to the index when filing your Florida Department of State Annual Report form.

12. 

Digitally signed by:

Gilbert Clarke

AJ2074 10214FD4F3...

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. Gilbert Clarke, Secretary

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

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FAX No.

P. 005/006

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Florida Department of State

Registration Section
Division of Corporations

Application by Foreign Corporation for Authorization to
Transact Business in Florida

Beta Bionics, Inc.
(continued)

Item number 11A – Names, titles and addresses of the primary officers and/or
directors:

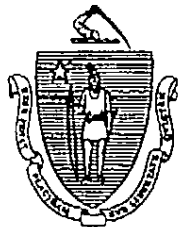
Beth Brooke, Director
300 Baker Avenue, Suite 301
Concord, MA 01742

Christy Jones, Director
300 Baker Avenue, Suite 301
Concord, MA 01742

FILED
2022 FEB 14 PM 4:24
TALLAHASSEE, FL

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William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: February 02, 2022

To Whom It May Concern :

I hereby certify that according to the records of this office,
BETA BIONICS, INC.

is a domestic corporation organized on **October 21, 2015** , under the General Laws of the
Commonwealth of Massachusetts. I further certify that there are no proceedings presently pend-
ing under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's
dissolution; that articles of dissolution have not been filed by said corporation; that, said cor-
poration has filed all annual reports, and paid all fees with respect to such reports, and so far as
appears of record said corporation has legal existence and is in good standing with this office.

2022 FEB 14 PM 4:34
FILED



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth