

F22000002421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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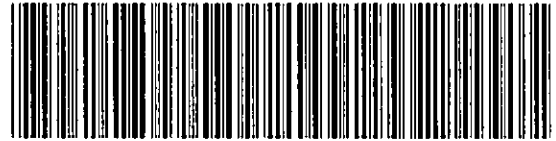
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. FRANKLIN
APR 20 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 04/19/2022

Acc#I20160000072

en: c DW

Name:	NuoDB, Inc.
Document #:	
Order #:	14276192

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:	
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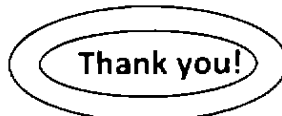
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Verifier _____
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Ref# _____

Amount: \$ 78.75



**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. NuoDB, 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

(State or country under the law of which it is incorporated)

3. 26-3061256

(FEI number, if applicable)

4. 05/20/2010

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 175 Wyman Street, Waltham, MA 02451

(Principal office address)

same

(Current mailing address, if different)

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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)

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 System

By: Sherry McGinnes

Sherry McGinnes, Assistant Secretary

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

A. DIRECTORS SEE ATTACHMENT

Chairman: Florence HU-AUBIGNY

Address: 10 rue Marcel Dassault

78946 Velizy-Villacoublay, FRANCE

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Robert Walmsley

Address: 175 Wyman Street

Waltham, MA 02451

Vice President: _____

Address: _____

Secretary: Mark Neil

Address: 175 Wyman Street, Waltham, MA 02451

Treasurer: Ludovic Monchal

Address: 175 Wyman Street, Waltham, MA 02451

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Overall signed by
Ludovic Monchal
338 175 110454 28

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. Ludovic Monchal, Treasurer

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

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**Attachment to Florida
Officers & Directors**

- 1 Full Name: Florence HU-AUBIGNY
Officer/Director: Officer, Director
Officer's Title: Chairman
Director's Title: Chairman
Business Address: 10 rue Marcel Dassault
City: 78946 Velizy-Villacoublay, FRANCE
State:
ZIP Code:
- 2 Full Name: Thibault de Tersant
Officer/Director: Officer
Officer's Title: Assistant Secretary
Director's Title:
Business Address: 10 rue Marcel Dassault
City: 78946 Velizy-Villacoublay, FRANCE
State:
ZIP Code:
- 3 Full Name: Erik Swedberg
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 175 Wyman Street
City: Waltham
State: MA
ZIP Code: 02451
- 4 Full Name: Jennifer Thomas
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 175 Wyman Street
City: Waltham
State: MA
ZIP Code: 02451

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NUODB, 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 FIFTEENTH DAY OF APRIL, A.D. 2022.

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.

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4826019 8300

SR# 20221479895

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203192588

Date: 04-15-22