M200001972

| (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: | | | | |
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Office Use Only



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TIME

FEB 2 0 201) T. LEXIEUX CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 183446 4800163

AUTHORIZATION : Trulbelle ma

COST LIMIT : "\$ "125.00

ORDER DATE: February 18, 2020

ORDER TIME : 9:43 AM

ORDER NO. : 183446-030

CUSTOMER NO: 4800163

FOREIGN FILINGS

NAME: EKOS LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

COVER LETTER

| | Registration Section Division of Corporations | | | | | |
|--------------------------------|--|--|--|-------------------------|--|--|
| UBJEC | EKOS LLC T: | | | | | |
| | | Name of Limited Liability Company | | | | |
| The enclo Existence | sed "Application by Foreign Limit, , and check are submitted to registe | ted Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florid | | | | |
| lease ret | urn all correspondence concerning | this matter to the following: | | | | |
| | Cheri Lamie | | | | | |
| | Name of Person | | | | | |
| Boston Scientific Corporation | | | | | | |
| Firm/Company | | | | | | |
| | 300 Boston Scientific Way | | | | | |
| Address Marlborough, MA 01752 | | | | | | |
| | | | | City/State and Zip Code | | |
| | Cheri.Lamie@bsci.com | | | | | |
| | E-mail ad | dress: (to be used for future annual report notification) | | | | |
| or further | r information concerning this matte | er, please call: | | | | |
| 9 | Shari St. Clair | 425 415-3169 | | | | |
| | Name of Contact P | | | | | |
| | failing Address: | Street Address: | | | | |
| | egistration Section | Registration Section | | | | |
| | vivision of Corporations O. Box 6327 | Division of Corporations | | | | |
| | allahassee, FL 32314 | The Centre of Tallahassee | | | | |
| | analiassee, 11, 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| Pl | 1 \$125.00 Filing Fee | g amount: RIDA DEPARTMENT OF STATE 10 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy | | | | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: I. EKOS LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) Upon filing (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 11911 North Creek Parkway S., Bothell, WA 98011 11911 North Creek Parkway S., Bothell, WA 98011 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 32301 Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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. Kadesha Roberson Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|------------------------------------|--------------------|------------------------------------|
| ■Manager | Name: Vance R. Brown | ■Manager | Name: |
| □Member | Address: 300 Boston Scientific Way | □Member | Address: 300 Boston Scientific Way |
| □Authorized | Marlborough, MA 01752 | □Authorized | Marlborough, MA 01752 |
| Person | | Person | |
| Other | Other | □Other | □Other |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| Other | □Other | □Other | Other |
| □Manager | Name: | □Manager | Name: |
| □Метbет | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| Other | Other | □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.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Signature of an authorized person

Vance R. Brown

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "EKOS LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EKOS LLC" WAS FORMED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202404472

Date: 02-18-20