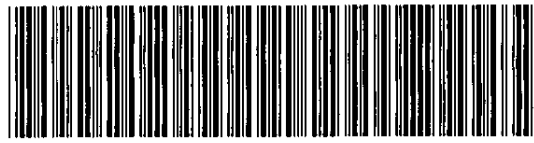


F12000003591



200238195412

08/06/12--01001--016 **70.00

08/30/12--01010--007 **800.00

(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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FALLASSSEE, FLORIDA
12 AUG 29 PM 12:01

W12-41154

π 08/31/12



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12 AUG 29 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2012

HADAR RITTE
135 BEAVER STREET
SUITE 211
WALTHAM, MA 02452

SUBJECT: EARLYSENSE INC.
Ref. Number: W12000041154

We have received your document for EARLYSENSE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$800.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 112A00020416

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EARLYSENSE 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:

HADAR RITTE

Name of Person

EARLYSENSE INC.

Firm/Company

135 BEAVER STREET, SUITE 211

Address

WALTHAM, MA 02452

City/State and Zip code

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

For further information concerning this matter, please call:

HADAR RITTE

at (781) 373-3228

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:



\$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 TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

1. EARLYSENSE 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. DE 3. 27-3244261
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/4/2010 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 6/7/2011
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 135 BEAVER STREET, SUITE 211, WALTHAM, MA 02452
(Principal office address)

135 BEAVER STREET, SUITE 211, WALTHAM, MA 02452
(Current mailing address)

8. SALES OF MEDICAL MONITORS WITH PROPRIETARY SOFTWARE
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: CORPORATION SERVICE COMPANY

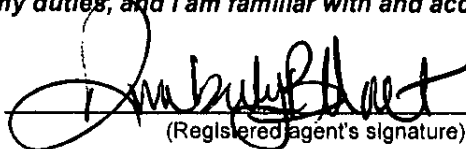
Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida 32301
(City) (Zip code)

12 AUG 29 PM 12: 01
TALLAHASSEE, FLORIDA

10. 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.


(Registered agent's signature)

**Kimberly B. Moret
as its agent**

11. 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.

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

A. DIRECTORS

Chairman: AVNER HALPERIN

Address: 12 TZVI STREET

RAMAT GAN 52504, ISRAEL

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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FALLA MASSACHUSETTS
FALLA MASSACHUSETTS

B. OFFICERS

President: AVNER HALPERIN

Address: 12 TZVI STREET

RAMAT GAN 52504, ISRAEL

Vice President: _____

Address: _____

Secretary: HADAR RITTE

Address: 135 BEAVER STREET, SUITE 211, WALTHAM, MA 02452

Treasurer: AVNER HALPERIN

Address: 12 TZVI STREET, RAMAR GAN 52504, ISRAEL

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

13. HRitte _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Hadar Ritte, VP HR, Site Manager _____

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EARLYSENSE 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-SEVENTH DAY OF JULY, A.D. 2012.


12 AUG 29 PM 12:01
FALLAHASSIE, FLORIDA



4856361 8300

120866236

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9739215

DATE: 07-27-12