

FILE000000388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

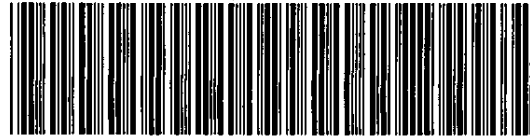
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400280628064

01/26/16--01025--005 **70.00

FILED
2016 JAN 26 PM 1:10
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

JAN 27 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Echosens North America, 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:

Caroline Cracco-Pradal

Name of Person
Echosens North-America, Inc.
Firm/Company
185 Alewife Brook Parkway, suite 410
Address
Cambridge MA 02138
City/State and Zip code
ccracco@marielandel.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caroline Cracco-Pradal	617	576-2005
Name of Person	at ()	Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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 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. Echosens North America, 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. 47-3798982
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/22/2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 11/01/2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 185 Alewife Brook Parkway, suite 410 Cambridge MA 02138
(Principal office address)
- _____
(Current mailing address, if different)

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

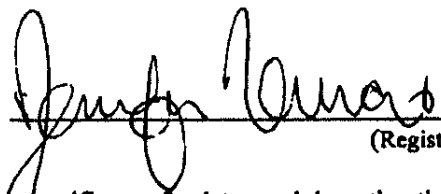
Name: CT Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

RECEIVED
TALLAHASSEE FLORIDA
2010 JAN 26 PM 1:10

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.


Jenifer Vincent
Vice President & 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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Raphael Durand

Address: 30 place d'Italie, Paris 75013 France

Director: Jean-Marc David

Address: 185 Alewife Brook Parkway, suite 410 Cambridge MA 02138

B. OFFICERS

President: Jean-Marc David

Address: 185 Alewife Brook Parkway, suite 410 Cambridge MA 02138

Vice President: _____

Address: _____

Secretary: Raphael Durand

Address: 30 place d'Italie, Paris 75013 France

Treasurer: Raphael Durand

Address: 30 place d'Italie, Paris 75013 France

2018 JAN 26 PM 1:10
STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

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

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.

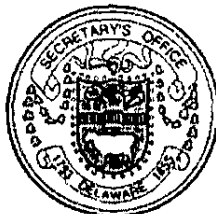
13. Raphael Durand
(Typed or printed name and capacity of person signing application)


Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ECHOSENS NORTH AMERICA, 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 FOURTEENTH DAY OF JANUARY, A.D. 2016.




Jeffrey W. Bullock, Secretary of State

5679395 8300

SR# 20160211706

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

Authentication: 201672252

Date: 01-14-16