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TALLAHASSEE, FLORIDA

SEP 20 2016

S. YOUNG

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 295176 4326542
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 70.00

ORDER DATE : September 19, 2016
ORDER TIME : 9:59 AM
ORDER NO. : 295176-005
CUSTOMER NO: 4326542

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TALLAHASSEE, FLORIDA
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FOREIGN FILINGS

NAME: NOMAD HEALTH, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

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. Nomad Health, 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. 47-4725090
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/31/2015 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. 335 Madison Avenue, 3rd Floor, New York, NY 10017
 (Principal office address)

_____ (Current mailing address, if different)

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

Name: Corporation Service Company
1201 Hays Street
 Office Address: Tallahassee, Florida 32301
 (City) (Zip code)

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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.

Corporation Service Company
 By: Melissa Zender
 (Registered agent's signature) Melissa Zender
Asst. Vice President

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: Alexander Nazem
335 Madison Avenue, 3rd Floor, New York, NY 10017
Address: _____

Vice Chairman: _____
Address: _____

Director: Maxwell Laurans
335 Madison Avenue, 3rd Floor, New York, NY 10017
Address: _____

Director: Kevin Ryan
335 Madison Avenue, 3rd Floor, New York, NY 10017
Address: _____

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B. OFFICERS

CEO and Secretary: Alexander Nazem
335 Madison Avenue, 3rd Floor, New York, NY 10017
Address: _____

Vice President: Alexander Pease
335 Madison Avenue, 3rd Floor, New York, NY 10017
Address: _____

Vice President: Justin Lambert
335 Madison Avenue, 3rd Floor, New York, NY 10017

Vice President: William Eager
335 Madison Avenue, 3rd Floor, New York, NY 10017

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. Alexander Nazem, President
(Typed or printed name and capacity of person signing application)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOMAD HEALTH, 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOMAD HEALTH, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2015.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

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SR# 20165832441

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

Authentication: 203013424

Date: 09-19-16