

**F18000004034**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

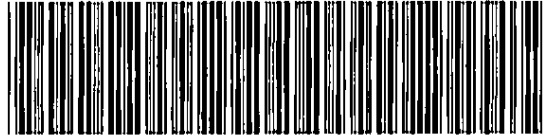
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
*W18-78580 MISSING OFF. pg.*

Office Use Only



400317833314

FILED  
18 AUG 29 AM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
18 AUG 29 PM 4:17  
DIVISION OF CORPORATE REGISTRATION  
TALLAHASSEE, FLORIDA

K. SALY  
AUG 31 2018

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

ACCOUNT NO. : I20000000195

REFERENCE : 367954 8088488

AUTHORIZATION :

COST LIMIT : \$ 70.00



ORDER DATE : August 29, 2018

ORDER TIME : 1:14 PM

ORDER NO. : 367954-005

CUSTOMER NO: 8088488

FOREIGN FILINGS

NAME: HINGE 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: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_



**RESUBMIT**

Please give original  
submission date as file date.

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 30, 2018

CSC / ROXANNE TURNER

SUBJECT: HINGE HEALTH, INC.  
Ref. Number: W18000078580

We have received your document for HINGE HEALTH, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The document submitted is incomplete, missing page 2 (officer page). Please resubmit with complete form.

Please return 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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 818A00018045

RECEIVED  
DIVISION OF CORPORATIONS  
TALLahassee, FLORIDA

18 AUG 30 PM 4:16

RECEIVED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Hinge Health, Inc.

**SUBJECT:** \_\_\_\_\_  
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:  
Gabriel Mecklenburg

	Name of Person
_____	
Hinge Health, Inc.	
_____	
	Firm/Company
_____	
818 Mission Street, Ste 200	
_____	
	Address
_____	
San Francisco, CA 94103	
_____	
	City/State and Zip code
_____	
gabriel@hingehealth.com	
_____	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Barbora Podzinkova	916	841-9659		
_____				
Name of Person	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.*

Hinge Health, Inc.

1. \_\_\_\_\_  
 (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)  
 Delaware 81-1884841

2. \_\_\_\_\_ 3. \_\_\_\_\_  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)  
 03/10/2016

4. \_\_\_\_\_ 5. \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than perpetual)  
 08/27/2018

6. \_\_\_\_\_  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
 818 Mission Street, Ste 201, San Francisco, CA 94103

7. \_\_\_\_\_  
 (Principal office address)

\_\_\_\_\_  
 (Current mailing address, if different)

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

Name: \_\_\_\_\_  
 1201 Hays Street

Office Address: \_\_\_\_\_ 32301  
 Tallahassee, Florida \_\_\_\_\_  
 (City) (Zip code)

18 AUG 29 AM 12:42  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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: Roxanne Turner  
 (Registered agent's signature)

**Roxanne Turner  
 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: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Daniel Perez

818 Mission Street, Ste 201, San Francisco, CA 94103

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Gabriel Mecklenburg

818 Mission Street, Ste 201, San Francisco, CA 94103

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

Daniel Perez

President: \_\_\_\_\_

818 Mission Street, Ste 201, San Francisco, CA 94103

Address: \_\_\_\_\_  
\_\_\_\_\_

Gabriel Mecklenburg

Vice President: \_\_\_\_\_

818 Mission Street, Ste 201, San Francisco, CA 94103

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

12. Daniel Perez

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. Daniel Perez, CEO (Co-Founder)

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

FILED  
18 AUG 29 AM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HINGE 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 TWENTY-THIRD DAY OF JULY, A.D. 2018.


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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HINGE HEALTH, INC." WAS INCORPORATED ON THE TENTH DAY OF MARCH, A.D. 2016.

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

FILED  
18 AUG 29 AM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

5985724 8300

SR# 20185782241

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203107131

Date: 07-23-18