

4/22/2020

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Florida Department of State
Division of Corporations
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STATE OF FLORIDA

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Account Number : I1998000047
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kami@hazel.co

FOREIGN PROFIT/NONPROFIT CORPORATION

Hazel Health, Inc.

Certificate of Status	0
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STATE OF FLORIDA

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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. Hazel 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. 47-5250409
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 20, 2015 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 604 Mission Street, Suite 800, San Francisco, CA 94105
(Principal office street address)

(Current mailing address, if different)

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8. 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)

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.

Elizabeth A Smith
(Registered agent's signature) Elizabeth A. Smith, 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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]

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A. DIRECTORS

Chairman Name: Joshua Golomb

Vice Chairman Address: 2826 Brittan Avenue
San Carlos, CA 94070

Director _____

President _____

Vice President _____

Secretary Treasurer

Other CEO Other _____

Chairman Name: Nicholas Woods

Vice Chairman Address: 1351 10th Avenue
San Francisco, CA 94122

Director _____

President _____

Vice President _____

Secretary Treasurer

Other CTO Other _____

Chairman Name: Vu (Bill) Nguyen

Vice Chairman Address: 1270 W. Lake Boulevard
Tahoe City, CA 96146

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Mike Krupka

Vice Chairman Address: 604 Mission Street, Suite 800
San Francisco, CA 94105

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

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Chairman Name: Tory Patterson

Vice Chairman Address: 604 Mission Street, Suite 800
San Francisco, CA 94105

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Mary Ann Christopher

Vice Chairman Address: 604 Mission Street, Suite 800
San Francisco, CA 94105

Director _____

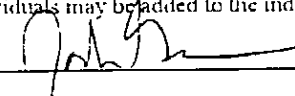
President _____

Vice President _____

Secretary Treasurer

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

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 Joshua Golomb, President and CEO
(Typed or printed name and capacity of person signing application)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAZEL 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-EIGHTH DAY OF JANUARY, A. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAZEL HEALTH INC." WAS INCORPORATED ON THE TWENTIETH 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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 TALLAHASSEE, FLORIDA
 DEPARTMENT OF STATE

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Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

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