

12/17/21, 12:26 PM

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

Please keep original file date
of 12/17/2021.

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
PLANPRESCRIBER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2021 DEC 21 PM 3:12

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STATE
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DEC - 2021

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.*

PlanPrescriber, 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

04-3496855

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
12/20/1999

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

PlanPrescriber, Inc. never transacted business in Florida.

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
2625 Augustine Drive, Second Floor, Santa Clara, CA 95054-2902

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System

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

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 CLERK OF STATE
 TALLAHASSEE, FL

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.

C T Corporation System

By: Kaity Tuon, Asst. 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

Francis Soistman

Chairman:

2625 AUGUSTINE DR FL 2

Address:

SANTA CLARA, CA - 95054-2902

Vice Chairman:

Address:

Christine Janofsky

Director:

2625 AUGUSTINE DR FL 2

Address:

SANTA CLARA, CA - 95054-2902

Director:

Address:

B. OFFICERS

Francis Soistman (Chief Executive Officer)

President:

2625 AUGUSTINE DR FL 2

Address:

SANTA CLARA, CA - 95054-2902

Christine Janofsky (Chief Financial Officer)

Vice President:

2625 AUGUSTINE DR FL 2

Address:

SANTA CLARA, CA - 95054-2902

Scott Giesler

Secretary:

2625 AUGUSTINE DR FL 2, SANTA CLARA, CA - 95054-2902

Address:

Treasurer:

Address:

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

12.


Scott Giesler (Dec 13, 2021, 09:45 PST)

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.

Scott Giesler, Secretary

13.

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

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PLANPRESCRIBER, 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2021.

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

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



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

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SR# 20214138496

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

Authentication: 205015107

Date: 12-17-21