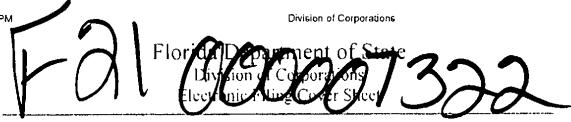
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To:

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 : (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 Certified Copy 1 Page Count 04 \$78.75 Estimated Charge

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Help S. HAWKES 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. (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) 04-3496855 Delaware (FEI number, if applicable) (State or country under the law of which it is incorporated) 12/20/1999 _____ 5, ____ (Date of duration, if other than perpetual) (Date of incorporation) 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 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation, (City) 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.

By: Kaily 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 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: ___ Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 500tt featier (Der 13, 2021 ca 40 291) 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	Gies	ler,	Sec	T¢1	ary
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(Typed or printed name and capacity of person signing application)



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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.

Authentication: 205015107

Date: 12-17-21