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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Address: doug.wenners@element3health.com

FOREIGN PROFIT/NONPROFIT CORPORATION ELEMENT3 HEALTH, INC.

Certificate of Status	0
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Help

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. Element3 Health, Inc.

[Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc." "Co." "Corp." "Inc." "Co." or "Corp.")

(If name unavaila		adopted for the purpose of transacting business in Florida		
Delaware	3.	(FEI number, if applicable)		
(State or countr	country under the law of which it is incorporated)	(FEI number, if applicable)		
June 7, 2012				
(Date	(Date of duration, if other than perpetual)			
January 25, 202	4			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
501 Boylston Stro	eet, 10th Floor, Boston, MA 02116			
	(Principal off	ice <u>street</u> address)		
	(Current maili	ng address, if different)		
Name and stree	et address of Florida registered agent: (P.G	D. Box NOT acceptable)		
Name:	C T Corporation System	<u> </u>		
ffice Address:	1200 South Pine Island Road	0		
OUC' MORENS				

9. Registered agent's acceptance:

Plantation

(City)

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.

FL.

33324

(Zip code)

By: Katherine Schneider

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

19548277645

From: Kaity Toon

A. DIRECTORS					
■Chairman	Steve Shulman Name:	□Chairman	Name: Douglas J. Wenners		
☐ Vice Chairman	Address: 501 Boylston St., 10th Floor	■ Vice Chairman	Address: 501 Boylston St., 10th Floor		
■Director	Boston, MA 02116	Director	Boston, MA 02116		
□President		President			
□ Vice President		□Vice President			
☐ Secretary	EVTreasurer	ElSecretary	□Treasurer		
☐Other		Other CEO			
□Chairman	Name:	□ Chairman	Jenn Crenshaw		
	501 Hoylston St., 10th Floor Address:	□ Vice Chairman	501 Boylston St., 10th Floor Address:		
☐ Vice Chairman	Boston, MA 02116	☐ Director	Boston, MA 02116		
□President		□President			
☐ Vice President		□Vice President			
☐ Secretary	⊞Treasurer	■ Secretary	□Treasurer		
□Other		□Other			
	Name:	□ Chai n nan	Name:		
□Chairman	Address: 501 Boylston St., 10th Floor	□ Vice Chairman	Address: 501 Boylston St., 10th Floor		
■ Director	Boston, MA 02116	□ Director	Boston, MA 02116		
□President		□President			
		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	D'Treasurer		
□Other	□()ther	□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					
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 of 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.					
Douglas J. Wenners, President and CEO					

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

Ta:

To: , Page::5 of 6 2024-05-10 11:55:31 PDT 19548277645 From: Kaity Toon

Additional Directors

JD Ghelfi, Director 501 Boylston St., 10th Floor Boston, MA 02116

Spencer Morgan, Director 501 Boylston St., 10th Floor Boston, MA 02116



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ELEMENT3 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 NINTH DAY OF MAY, A.D. 2024.

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.

e at coro delaware gov/authy

Authentication: 203440648

Date: 05-09-24