

(Re	equestor's Name)			
(Ac	idress)			
(Ac	ddress)			
(Cir	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 316755 7646633					
AUTHORIZATION : 146633					
COST LIMIT : \$ 125.00					
ORDER DATE : July 23, 2018					
ORDER TIME : 2:52 PM					
ORDER NO. : 316755-045					
CUSTOMER NO: 7646633					
FOREIGN FILINGS					
NAME: RB HEALTH (US) LLC					
XXXX QUALIFICATION (TYPE: <u>LL</u>)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

TO:	_	ation Section a of Corporation	s				
SUBJEC		Health (US) LLC					
			Name of L	imited Liability (Company		
The encl Existence	losed "A :c, and ch	pplication by Foreneck are submitted	eign Limited Liability Compa I to register the above refere	any for Authoriza nced foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busine	Certificate of ess in Florida
Please re	eturn all	correspondence c	oncerning this matter to the f	ollowing:			
		Maryam Farraj		·			
	Name of Person						
	RB Health (US) LLC						
	Firm/Company 399 Interpace Parkway, PO Box 225						
				Address			
		Parsippany, NJ 07054					
	City/State and Zip Code						
			E-mail address: (to be used	for future annual	report not	ification)	
For furt	her infor	mation concerning	g this matter, please call:				
Магуат Гаттај			973 at (404-25	46		
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclose		eck for the follow 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

	CHARLE IN THE GIALEON TECHNICAL		
1. RB Health (US) LLC		le "Limited Liability Company," "L.L.C.," or	તાં 1 C મા
(Name of Fore	eign Limited Liability Company; must includ	Limited Liability Company, C.L.C., or	LLC.)
(If name unavailable, enter a Liability Company," -L.L.C.	" or "LLC.")	sacting business in Florida. The alternate name	ne must include "Limited
2. DE	3.	61-1867723	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	<u> </u>		_
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F	orida, if prior to registration.) "S, to determine penalty liability)	100 10 0
- 399 Interpace Parkway	y, PO Box 225 Parsippany, NJ 07054	, ,	نائن س س س
>- <u></u>			JUL 24 F
 	(Street Address of Principal	i Office)	
299 Interpace Parkway	, PO Box 225 Parsippany, NJ 07054		
6. <u>255 Etc. page 1 4.8.15</u>	, , , , , , , , , , , , , , , , , , ,		- 0
			· · · · · · · · · · · · · · · · · · ·
	(Mailing Address)		
7 Name and street addres	ss of Florida registered agent (P.O. Box	NOT acceptable)	
7. Prame and <u>successors</u>		<u>,</u>	
Name:	Corporation Service Company		
Office Addr e ss:	1201 Hays Street		
	Tallahassee	, Florida 32301	
	(City)	(Zip ∞de)	_
designated in this applicate to complywith the provisi	egistered agent and to accept service of pation, I hereby accept the appointment a cons of all statutes relative to the proper	process for the above stated limited liabi is registered agent and agree to act in th and complete performance of my duties	is capacity. I further agree s, and I am familiar with and
	my position as registered agent Corporation Service Company).	Roxanne Turner Asst. Vice President
	(Registered age	<u>ache</u>	_ ASSI. VICE FRESIDETIL
	(Kegimered age	ent's signature)	
8. The name, title or cap	acity and address of the person(s) who ha	as/have authority to manage is/are:	
Geoffroy Ribadeau Duma	as, Manager, 399 Interpace Parkway, PO	Box 225, Parsippany, NJ 07054	
Gabriel Millan, Manager,	, 399 Interpace Parkway, PO Box 225, Pa	arsippany, NJ 07054	
Nitish Kapoor, Manager,	399 Interpace Parkway, PO Box 225, Pa	ursippany, NJ 07054	
	of which it is organized. (If the certificate	duly authenticated by the official having te is in a foreign language, a translation of	
	Signature of an au	uthorized person	_
	d in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that an aird degree felony as provided for in s.817	
	Geoffroy Ribadeau Dumas		

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "RB HEALTH (US) LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL 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 SAID "RB HEALTH (US)

LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.





Authentication: 203113244

Date: 07-23-18

6735124 8300 SR# 20185799411