5 0000 B3 5 5 3 Jun 02 18 01:3 Florida Department of State **Division of Corporations Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H150001314263))) H150001314263ABCX Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 22 To: ភ **AECEIVED** ŝ Division of Corporations Hd Ş Fax Number : (850)617-6381 $\tilde{\mathbf{v}}$ From: : LOCKE LCRD LLP Account Name 27 Account Number : 075410001517 Phone : (561)820-0260 50 : I Fax Number : (888) 325-9197 S **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** gary@ingeniohealth.net Email Address: FOREIGN PROFIT/NONPROFIT CORPORATION SatyaHealth Inc. Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$78.75

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Locke Lord Edwards

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACHIN -2 AM 11:09 BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO AHASSEE. FLORIDA REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. SatyaHealth Inc.

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

2. Delaware (State or country under the law of which it is incorporated)		3.	ne adopted for the purpose of transacting business in Florida) 3 47-3560369		
			(FEI number, if applicable)		
_{4.} March 12, 2015		5.	Perpetual		
(Date of incorporation)			(Duration: Year corp. will cease to exist or "perpetual")		
_{6.} Upon filin	Ig		· ·		
	(Date first transacted busines		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7. 1803 Nort	h Flagler Dr., Suite 210,	1	Nest Palm Beach, FL 33401		
	(Principal office a		•		
1803 Nort	h Flagler Dr., Suite 210, V	Ve	est Palm Beach, FL 33401		
<u> </u>	(Current mailing a	dd	ress)		
8. Name and <u>stree</u>	<u>at address</u> of Florida registered agent: (P.(D. Box <u>NOT</u> acceptable)		
Name:	Edmund Charles Hugh-J	01	nes		
Office Address:	1803 North Flagler Dr., Suite	e 2	210,		
	West Palm Beach		, Florida 33401		

9. Registered agent's acceptance:

Having been numed 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 fumiliar with and accept the obligations of my position as registered agent.

(Zip code)

Х

Edmund Charles Hugh-Jones (Registered agent's signature)

(City)

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.

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	11. Nam	es and business addresses of officers and/or directors:	15 JUN -2	AM 11: 09					
		CTORS	SECRETARY	OF STATE					
		Edmund Charles Hugh-Jones	TALLAHASSE	E. FLORIDA					
	Address:	1803 N. Flagler Drive, Unit 210							
		West Palm Beach El 33401							
	Vice Chai	Gary Robert Walter							
	Address:	400 Libba ava Otva at Limit 400							
	Address.	West Palm Beach, FL 33401							
	Dissetan								
	Address:								
	Address;		,	<u></u>					
		FFICERS							
		Edmund Charles Hugh-Jones							
		West Palm Beach, FL 33401							
	Vice Pres	dent:							
	Address:		·						
	Secretary:	Gary Robert Walter		<u> </u>					
	Address:	400 Hibiscus Street, Unit 439, West Palm Beach, FL	33401						
	Treasurer								
	Address;								
	NOTE:	If necessary, you may attach an addendum to the application listing additional office	ors and/or director	ч.					
х	12	Chi tan							
	arc true a a third de	Signature of Director or Officer er or director signing this document (and who is listed in number 12 above) affirms and that he or she is aware that false information submitted in a document to the Dep gree felony as provided for in s.817.155, F.S.	that the facts state partment of State c	ed herein onstitutes					
	13. Edmund Charles Hugh-Jones, CEO and President								
		(Typed or printed name and capacity of person signing application)							

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "INGENIOHEALTH INC.", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "SATYAHEALTH INC.", THE TWENTY-SECOND DAY OF MAY, A.D. 2015, AT 4:41 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



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*15075672*1 verify this certificate online delaware.gov/authvor.shtml

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mirey W. Bullock, Secretary of State AUTHENT TION: 2405736

DATE: 05-26-15