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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.

(State or country under the law of which it is incorporated) 9/2/2011 (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration): (SEE SECTIONS 607.1591 & 607.1592, F.S., to determine penalty liability) 5000 Atrium Way Suite 8, Mount Laurel, New Jersey 08054 (Principal office address) (Chrent mailing address) (Chrent mailing address) All lawful business (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name: Business Filings Incorporated (City) Plantation Florida (City) Registered agent's acceptance:		able in Florida, enter alternate corporate nai	ne adopted for the purpose of transacting business in Florida)
(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration): (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 5000 Atrium Way Suite 8, Mount Laurel, New Jersey 08054 (Principal office address) (Current mailing address) All lawful business (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name: Business Filings Incorporated ffice Address: 1200 South Pine Island Road Plantation Florida (City) Florida (Zip code)			3 .
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Plantation , Florida 33324 (Zip code)	Lyamic:		—————————————————————————————————————
(City) (Zip code)	fice Address:	1200 South Fine Island Road	· · · · · · · · · · · · · · · · · · ·
(City) (Zip code)		Plantation	. Florida ³³³²⁴
). Registered agent's acceptance:		(City)	(Zip code)
	Registered a	•	•
	signaled in this clear ansectors	application, I hereby accept the appoin	niment as registered agent and agree to act in this capa as eviative to the account and complete performance of m
signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa	iner ugieciu.	amiliar with and accept the obligation	is rejuite to the proper and complete performance of m s of my position as registered agent.
rther agree to comply with the provisions of all statutes relative to the proper and complete performance of n	ues, unu 1 am 1		3
esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa of the proper and complete performance of a statutes relative to the proper and complete performance of a state, and I am familiar with and accept the obligations of my position as registered agent: **Mark Williams AVP Property Filippe Incorporated**	ires, unu 1 am j		

11. 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.

Fax Audit: H150001690563

Fax Audit: H150001690563	F-11
12. Names and business addresses of officers and/or directors:	FILED
A. DIRECTORS	2015 JUL 10 AM 8: 25
Chairman:	SECRE 16 D AM 8: 25
Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Vice Chairman:	
Address:	
Director: Salil Gupta	
Address: 5000 Atrium Way Suite 8, Mount Laurel, New Jersey 08054	<u> </u>
Director: Sundeep Mehra	
Address: 701 5th Ave. #4200, Seattle, Washington 98104	
B. OFFICERS	
President: Salil Gupta	
Address: 5000 Atrium Way Suite 8, Mount Laurel, New Jersey 08054	
Vice President: Sundcep Mehra	
Address: 701 5th Ave. #4200, Seattle, Washington 98104	
Secretary: Sundeep Mehra	
Address: 701 5th Ave. #4200, Seattle, Washington 98104	
Treasurer: Salil Gupta	
Address: 5000 Atrium Way Suite 8, Mount Laurel, New Jersey 08054	
NOTE: If necessary, you may attach an addendum to the application listing addition is the application listing addition in the application is the a	onal officers and/or directors.
Signature of Director or Officer The officer or Airector signing this document (and who is listed in number 12 above are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S.	e) affirms that the facts stated herein to the Department of State constitutes
4. Salil Gupta, President	
(Typed or printed name and capacity of person signing app	olication)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "VCARE TECHNOLOGY 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 EIGHTH DAY OF JULY, A.D.
2015.

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.

2015 JUL 10 AM 8: 25 SLORE TARY OF STATE ON ANASSEE, FLORIO

5033289 8300

151024826

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

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 2537234

DATE: 07-08-15

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608 827 5501

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