F15000003054

(Requestor's Name)		
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	:#) ·
PICK-UP	☐ WAIT	MAIL
÷		
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300274983333

07/13/15--01010--014 **70.00

FILED
SECTION OF STATE

JUL 14 2015 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations			
REDBRICK HEALT	TH CORPORATION		
SUBJECT:	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by For "Certificate of Existence," or "Cer above referenced foreign corporat	rtificate of Good Stan	ding" and check are sub	
Please return all correspondence c Brian Silus	oncerning this matter	to the following:	
<u> </u>	Name of I	Person	· · · · · · · · · · · · · · · · · · ·
RedBrick Health Corporation			ية ويو يام ويو
	Firm/Com	pany	1 _ 3
510 Marquette Avenue South, Suite 5	500		
Minneapolis, MN 55402	Addre	ss	
bsilus@redbrickhealth.com	City/State ar	nd Zip code	1911 9 1911 9
E-mail	address: (to be used f	or future annual report r	notification)
For further information concerning	g this matter, please c	all:	
Brian Silus	612 at (659-3207	
Name of Person	Area Codo	Daytime Telep	hone Number
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
		\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

Delaware	•	oted for the purpose of transacting bus -5250594	siness in riorida)	
2	y under the law of which it is incorporated) 3.	(FEI number, if applical	bie)	
4. 07/18/2006	5.			
(Date	of incorporation)	(Date of duration, if other than	perpetual)	
6. Upon k	Degistration (Date first transacted business in Florist SEE SECTIONS 607.1501 & 607.1502,			
1	(Date first transacted business in Floriage (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration)		
	venue South, Suite 500, Minneapolis, MN 55402	r.s., to determine penarty natinty)		
	(Principal o	ffice address)		
	(Current mailing a	ldress, if different)		1
8. Name and street	et address of Florida registered agent: (P.O. E	ox NOT acceptable)	ي ب	
Name:	InCorp Services, Inc.	_		
Office Address:	17888 67th Court North	_		
	Loxahatchee	33470 _ , Florida		
	(City)	(Zip code)		

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.

Sara Brautigam on behalf of InCorp Services, (Registered algent'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.

A. DIRECTORS

Please see attached.
Chairman:

11. Names and business addresses of officers and/or directors:

Chairman:	Please see attached.	
Address:		
_		
Vice Chair	man:	
_		
Director:		
Director: _		
		: 1.2 C 3
_		25 th 5 th 5
B. OFFI	CERS	(A) 55 Fi
President:	Please see attached.	a de la companya de
_		ga est a green
Vice Presic	lent:	
_		
Secretary:		
Address: _		
Treasurer:		
Address: _		
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers a	and/or directors.
12.	Signature of Director or Officer	
are true an a third deg	Signature of Director or Officer or of director signing this document (and who is listed in number 11 above) affirms that do that he or she is aware that false information submitted in a document to the Department of the Departm	

RedBrick Health Corporation Officers & Directors

FEIN: 20-5250594

Officers

Name	Title	Address
Daniel Ryan	CEO	4640 Linwood Circle, Greenwood, MN 55331
Gregg Waldon	CFO	13799 Candace Lane, Eden Prairie, MN 55346

Directors

Name	Title	Address
Barbara Lubash	Director	510 Marquette Ave. S., Ste. 500, Minneapolis, MN 55402
Beth Seidenberg	Director	510 Marquette Ave. S., Ste. 500, Minneapolis, MN 55402
Bob Higgins	Director	510 Marquette Ave. S., Ste. 500, Minneapolis, MN 55402
Daniel Ryan	Director	510 Marquette Ave. S., Ste. 500, Minneapolis, MN 55402
Kyle Rolfing	Director	510 Marquette Ave. S., Ste. 500, Minneapolis, MN 55402
Rick Jelinek	Director	510 Marquette Ave. S., Ste. 500, Minneapolis, MN 55402
Roger Hurwitz	Director	510 Marquette Ave. S., Ste. 500, Minneapolis, MN 55402
Stephen Kahane	Director	510 Marquette Ave. S., Ste. 500, Minneapolis, MN 55402

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REDBRICK HEALTH CORPORATION" 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 TWENTY-SECOND DAY OF JUNE, 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.

4193256 8300

150650046

Jeffrey W. Bullock, Secretary of State AUTHENTY CATION: 2489089

DATE: 06-22-15

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