8/11/2015 10:41:08 AM From: To: 8506176383(1/6) Division of Corporations

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COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: _____ FORWARD HEALTH GROUP, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

.

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The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOELLE CHURIK

		Nam	e of Person			
CT CORPORATION						
Firm/Company						
208 SOUTH LA SALLI	E STREET, SUITE 814	ł				
		A	ddress	5.	<u> </u>	
CHICAGO, IL 60604				2015 SEC		
		City/Sta	te and Zip code	AUG I	רד ביי	
	E-mail address:	(to be u	sed for future annual report	notification)	- 1	
For further information	n concerning this ma	tter, plei	ase call:	FLOR 3	с С	
JOBLLE CHURIK	а	312	283-1715			
Name of Pers			rea Code & Daytime Telepl	none Number		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a check for	the following amou	nt:				
🗅 \$70.00 Filing Fee	S78.75 Filing I Certificate of		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Statu 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.

FORWARD HEALTH GROUP, INC.

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

DELAWARE	3	e adopted for the purpose of transacting b	
(State or country un	der the law of which it is incorporated)	(FE1 number, if applie	cable)
09/18/2014	5	PERPETUAL	
(Date of in	ist or "perpetual")		
·			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
1 SOUTH PINCKNE	Y STREET, SUITE 301, MADISON, W	1 53703	
	(Principal office ad	dress)	
I SOUTH PINCKNE	y street, suite 301, madison, w	1 53703	
	(Current mailing add	dress)	ASS G
	dress of Florida registered agent: (P. NRAI SERVICES, INC.	O. Box <u>NOT</u> acceptable)	RY OF S
Name:			
Office Address:	1200 South Pine Island Road		AC 1
	Plantation	, Florida33324	
	(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.

NRAI SERVICES. (Registered agent's signature) JUC Ne Churk, ASSt. Secretury By:

10. Attached is a certificate decision of 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. Names and business addresses of officers and/or directors:

A. DIRECTORS

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Chairman: ____

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Address:	
·	
Vice Chairman:	
Address:	
Director:	
Address:	
	TAC 22
Director:	
Address:	
B. OFFICERS	
President:	
Address:	> 0
	·
Vice President:	
Address:	
Secretary:	·
Address:	
Treasurer:	
Address:	
NOTE: 15 constant, you may attach an addendum to the application listing additional offi	icers and/or directors.
12 Prices n. Dielass	
Signature of Diveror or Officer The officer or director signing this document (and who is listed in number 12 above) affirm	is that the facts stated herein
are true and that he or she is aware that false information submitted in a document to the D a third degree felony as provided for in s.817,155, F.S.	epartment of State constitutes
13NANCY N, SIELAFF, SECRETARY & GENERA	L COUNSEL

. _ . . _ _ _ _

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

FORWARD HEALTH GROUP, INC.

FEI Number: 27-0324007 Date of Incorporation in Delaware: September 18, 2014

Board of Directors

Michael Barbouche, Chief Executive Officer 1 South Pinckney Street, Suite 301, Madison, WI 53703

Bryan Becker, MD 1 South Pinckney Street, Suite 301, Madison, WI 53703

Michael Bingham 1 South Pinckney Street, Suite 301, Madison, WI 53703

Conor Green 1 South Pinckney Street, Suite 301, Madison, WI 53703

Officers

Michael Barbouche, Chief Executive Officer 1 South Pinckney Street, Suite 301, Madison, WI 53703

James Mattes, Chief Revenue Officer 1 South Pinckney Street, Suite 301, Madison, WI 53703

Charles Sloan, Chief Financial Officer 1 South Pinckney Street, Suite 301, Madison, WI 53703

Nancy Sielaff, Secretary ad General Counsel 1 South Pinckney Street, Suite 301, Madison, WI 53703



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. . .

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FORWARD HEALTH GROUP, 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 FIFTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO REREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



of State TION: 2620121 AUTHENT

DATE: 08-05-15

5605752 8300

151139467 You may verify this cortificato online at corp.delawaro.gov/authver.shtml