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MAR 09 2016 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 043069 4304937

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE: March 3, 2016

ORDER TIME: 9:17 AM

ORDER NO. : 043069-020

CUSTOMER NO: 4304937

FOREIGN FILINGS

NAME: ENTRINSIC HEALTH SOLUTIONS,

INC.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	SUBJECT: Entrinsic Health Solutions, Inc.					
	Name of corpor	ation - must	include suffix			
Dear S	ir or Madam:					
"Certif	closed "Application by Foreign Corporation icate of Existence," or "Certificate of Good referenced foreign corporation to transact by	Standing" a	nd check are sub			
Please	return all correspondence concerning this m	atter to the	following:			
	Name	e of Person				
Mintz.	Levin, Cohn, Ferris, Glovsky and Popeo, P.C.					
		Company				
One Fi	nancial Center	ddress				
	n	radi ess				
Boston	MA 02111					
	City/Sta	ate and Zip o	ode			
	E-mail address: (to be u	sed for futur	e annual report n	otification)		
For fur	ther information concerning this matter, ple	ase call:				
Anne I	Anne Leland at (617) 542 6000					
	Name of Person Area		Daytime Telepi	none Number		
	STREET/COURIER ADDRESS:		MAILING A	DDRESS:		
Registration Section			Registration Section			
Division of Corporations			Division of Corporations			
Clifton Building			P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, F	L 32314		
Enclose	ed is a check for the following amount:					
5 70	.00 Filing Fee \$\Boxed{\sigma}\$ \$78.75 Filing Fee & Certificate of Status		5 Filing Fee & ied Copy	S87.50 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.

1.	Entrinsic Health Solutions. Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Ino," "Co," or "Corp.")	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2.	Delaware 3. (State or country under the law of which it is incorporated) (PEI number, if applicable)	•
4.	Echmery 22, 2016 5. (Date of incorporation) 5. (Date of duration, if other than perpetual)	•
6.	Upon filing (Date first transacted business in Florida, if prior to registration)	•
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7	14407 S.W. 2nd Place, Suite R-2, Newherry, EL 32699	٠
	(Principal office address)	6 MAR
•	(Current mailing address, if different)	+
8.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
	Name: T Copporation System	
Of	Fice Address: 1200 South Pine Island Road	•
	Plantation , Florida 33324 (City) (Zip code)	
He de fu du	Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capative agree to comply with the provisions of all statutes relative to the proper and complete performance of notices, and I am familiar with and accept the obligations of my position as registered agent. CALVINA AMENTA GREET AND SECTION SECT	acty. I ny AY
10 the	. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applic Department of State, by the Secretary of State or other official having custody of corporate records in the juris	ation to diction

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS See List of Directors Attached Chairman: Vice Chairman: Address: ___ Director: _ Address: __ Director: __ B. OFFICERS See List of Officer Attached President; Address: __ Vice President: Address: _ Secretary: ___ Address: ____ Treasurer; _____ NOTE: If necessary/you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 13. Stephen Gatto, President and Treasurer

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

ENTRINSIC HEALTH SOLUTIONS, INC.

List of Officers

Foreign Qualification - Florida

Officers:

President Treasurer Stephen Gatto, 100 River Ridge, Suite 206, Norwood, MA 02062 Stephen Gatto, 100 River Ridge, Suite 206, Norwood, MA 02062

Secretary William Whelan, One Financial Center, Boston, MA 02111

16 HAR -4 AN & TO

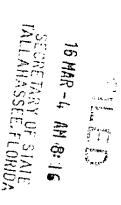
ENTRINSIC HEALTH SOLUTIONS, INC.

List of Directors

Foreign Qualification - Florida

Directors

Stephen Gatto (Chairman), 100 River Ridge, Suite 206, Norwood, MA 02062 Daniel Dennison, 100 River Ridge, Suite 206, Norwood, MA 02062 Steve Shey, 100 River Ridge, Suite 206, Norwood, MA 02062 Michael Warren, 100 River Ridge, Suite 206, Norwood, MA 02062 Brian Fox, 100 River Ridge, Suite 206, Norwood, MA 02062 Vidyasagar Sadasivan, 100 River Ridge, Suite 206, Norwood, MA 02062 Michael Chuisano, 100 River Ridge, Suite 206, Norwood, MA 02062



Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ENTRINSIC HEALTH SOLUTIONS, 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 THIRD DAY OF MARCH, A.D.

2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENTRINSIC HEALTH SOLUTIONS, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2016.

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

16 MAR -4 AM 8: 16
SECRETARY OF STATE
TALLAHASSEE FILIBLE



Autn

Authentication: 201925961

Date: 03-03-16

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