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W16-18520

COVER LETTER

TO: Registration Section Division of Corporations	
	T HEALTH MARKET PLACE CORP corporation - must include suffix
Dear Sir or Madam:	
	oration for Authorization to Transact Business in Florida," f Good Standing" and check are submitted to register the isact business in Florida.
Please return all correspondence concernin	this matter to the following:
ERIC HANSON	
	Name of Person
TRANSPARENT HEALT	4 MARKETPLACE CORD.
	Firm/Company
301 Clematis STR	Firm/Company 2LT, Suite 3000
	Address
West PARM BEAC	Eity/State and Zip code
CHANSONE USSTRATE	to be used for future annual report notification)
E-mail address:	to be used for future annual report notification)
For further information concerning this ma	er, please call:
Eric Hanson a Name of Person	(56) 833 -8150 Area Code Daytime Telephone Number
· · · · · · · · · · · · · · · · · · ·	baytimo Telephone Aumoor
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amou	ıt:
□ \$70.00 Filing Fee □ \$78.75 Filing Certificate of	



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2016

ERIC HANSON 301 CLEMATIS STREET SUITE 3000 WEST PALM BAECH, FL 33401 US

SUBJECT: TRANSPARENT HEALTH MARKET PLACE CORP

Ref. Number: W16000018520

We have received your document for TRANSPARENT HEALTH MARKET PLACE CORP and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 316A00005111

TATE ANAGERS TOPING

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

register a fo 1. <u>Tran</u>	EWITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. S PANENT HEALTH MALKET PLACE CORP. corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")
(If name unavail	able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Dey	AWARE 3. 47-4530405
(State or count	ry under the law of which it is incorporated) (FEI number, if applicable)
1. MAY	1 28 , 2015 5.
(Daho	e of incorporation) (Date of duration, if other than perpetual)
s , 30/ ((Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2/em.47/3 57Reet Suite 3000, West Parm Be (Principal office address) FL 33401
. <u> </u>	(Principal office address)
	7 = 35 (0)
	(Current mailing address, if different)
B. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	Eric Hanson
	301 CRMATIS ST, SUITE 3000
Mice Address:	
	WEST PALM BLACH, Florida 133401 (Zip code)
) Desistand on	
Having been nam	ent's acceptance: ned as registered agent and to accept service of process for the above stated corporation at the place
lesignated in this urther agree to c	application, I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance of my
luties, and I am f	familiar with and accept the obligations of my position as registered agent.
X	The Committee of the co
7	(Registered agent'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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: ERIC HANSON
Address: 301 Clematis STREET Suite 3000
West PAIN BEACH, FLORIDA 33401
Vice Chairman: HARLAN MEIMAN Address: 301 Clematis STREET Suite 3000
WEST PALM BEACH, FLORIDA 33401
, ,
Director:
Address:
Director:
Address:
B. OFFICERS
President: TTC K Manson
Address: 30/ Clematis Street, Suite 3000
West-Palm Beach, FL 3340/
Vice President:
Address:
57
Complexity
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
2. the X four
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. Eric R Hanson
(Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TRANSPARENT HEALTH MARKETPLACE CORP."

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-EIGHTH DAY OF MARCH,

A.D. 2016.

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.

The state of the s

Authentication: 202055296

Date: 03-28-16

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