

FILED 2771

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Vivify Health Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN 20 A 9:04

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2016 JUN 20 AM 11:05

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Corporate Filing Menu

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JUN 21 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vivify Health Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

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:

Sharron Rock

Name of Person

Vivify Health Inc.

Firm/Company

7201 Bishop Road, Suite E200

Address

Plano, TX 75024

City/State and Zip code

accounting@vivifyhealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharron Rock

at (972) 204-5371

Name of Person

Area Code

Daytime Telephone Number

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 amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$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.*

1. Vivify Health Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 27-1348358
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/17/2012 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. 5/30/2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 7201 Bishop Road, Suite E200, Plano, TX 75024
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation, FL 33324, 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.

C T Corporation System

By:

Jin Song

(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.

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2016 JUN 20 A 9:04
TALLAHASSEE, FLORIDA

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

A. DIRECTORS (See attached for additional Directors)

Chairman: Eric Rock

Address: c/o Vivify Health Inc., 7201 Bishop Road, Suite E200, Plano, TX 75024

Vice Chairman: _____

Address: _____

Director: Jon Phillips

Address: c/o Vivify Health Inc., 7201 Bishop Road, Suite E200, Plano, TX 75024

Director: David McClellan

Address: c/o Vivify Health Inc., 7201 Bishop Road, Suite E200, Plano, TX 75024

B. OFFICERS

President: Eric Rock

Address: c/o Vivify Health Inc., 7201 Bishop Road, Suite E200, Plano, TX 75024

Vice President: _____

Address: _____

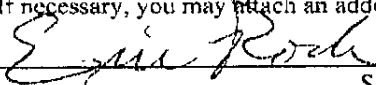
Secretary: Ed Gillen

Address: c/o Vivify Health Inc., 7201 Bishop Road, Suite E200, Plano, TX 75024

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
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 Rock

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

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2016 JUN 20 A 9:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

6/20/2016 10:58:03 AM From: To: 8506176383(5/6)

FL019

Vivify Health Inc.

11. NAMES AND BUSINESS ADDRESSES OF OFFICERS AND/OR DIRECTORS:

DIRECTOR: Pat Cline

ADDRESS: c/o Vivify Health Inc.; 7201 Bishop Road, Suite E200, Plano, TX 75024

DIRECTOR: Victor Kats

ADDRESS: c/o Vivify Health Inc.; 7201 Bishop Road, Suite E200, Plano, TX 75024

DIRECTOR: Jon Meltzer

ADDRESS: c/o Vivify Health Inc.; 7201 Bishop Road, Suite E200, Plano, TX 75024

DIRECTOR: Brenton Burns

ADDRESS: c/o Vivify Health Inc.; 7201 Bishop Road, Suite E200, Plano, TX 75024

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2016 JUN 20 A 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIVIFY HEALTH, 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 SEVENTEENTH DAY OF JUNE, 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.



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SR# 20164528120

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202515181

Date: 06-17-16