

FILED 200287201402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

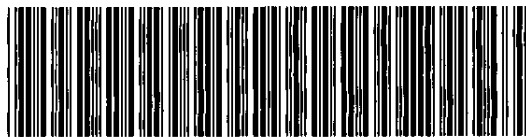
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200287201402

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL - 1 P 12:42

FILED

RECEIVED
JUL - 1 AM 11:10

JUN 05 2015
BRUCE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 200207 8092325

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : June 30, 2016

ORDER TIME : 9:07 AM

ORDER NO. : 200207-015

CUSTOMER NO: 8092325

FOREIGN FILINGS

NAME: WELLCENTIVE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

FILED
2016 JUL -1 P 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wellcentive, 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:

Cindy Kellogg

Name of Person

Wellcentive, Inc.

Firm/Company

100 North Point Center E., Ste. 320

Address

Alpharetta, GA 30022

City/State and Zip code

cindy.kellogg@wellcentive.com

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

For further information concerning this matter, please call:

Cindy Kellogg

678

367-2982

at (_____) _____

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

FILED
2013 JUL -1 P 12:42
TALLAHASSEE, FLORIDA

**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. Wellcentive, 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. 71-0979198
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/06/2011 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. 03/24/2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 100 North Point Center E., Suite 320, Alpharetta, GA 30022
(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

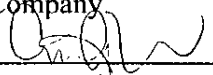
Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: 

(Registered agent's signature)

Courtney Williams
Asst. Vice President

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.

FILED
2016 JUL -1 P 12:42
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: See attached _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Thomas H. Zajac _____

Address: 100 North Point Center E., Suite 320
Alpharetta, GA 30022

Vice President: Cindy Kellogg _____

Address: 100 North Point Center E., Suite 320
Alpharetta, GA 30022

Secretary: J. Mason Beard _____

Address: 699 Arklow Drive, Milton, GA 30004

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. J. Mason Beard, Secretary _____

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

FILED
2016 JUL - 11 PM 12:42
STATE TREASURER
TALLAHASSEE, FLORIDA

Wellcentive, Inc.
Officers & Directors

Name: Thomas H. Zajac
Title: President & CEO
Address: 100 North Point Center E, Ste., 320, Alpharetta, GA 30022

Name: J. Mason Beard
Title: Chief Product Officer
Address: 100 North Point Center E, Ste., 320, Alpharetta, GA 30022

Name: Cindy Kellogg
Title: Vice President
Address: 100 North Point Center E, Ste., 320, Alpharetta, GA 30022

Directors:

Allan Moseley - Address: 4200 Northside Pkwy., NW, Atlanta, GA 30327

Robert Crutchfield - PO Box 1297, Birmingham, AL 35201

Mark DeLaar - 222 Berkeley Street, 18th Floor, Boston, MA 02116

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL -1 P 12:42

FILED

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WELLCENTIVE, 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 THIRTIETH 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 SAID "WELLCENTIVE, INC." WAS INCORPORATED ON THE SIXTH DAY OF JUNE, A.D. 2011.

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



4992330 8300

SR# 20164738239

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

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

Authentication: 202591960

Date: 06-30-16