

6/3/2016

Division of Corporations

Florida Department of State

Division of Corporations

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

From: Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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TALLAHASSEE, FLORIDA

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

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FOREIGN PROFIT/NONPROFIT CORPORATION

Carevoyance Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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2016-46564

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EXAMINER

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Carevoyance, LLC
421 Meridian Avenue
Miami Beach, FL 3139

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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July 6, 2016

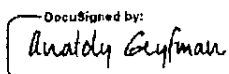
Re: Consent to Use of Name

To Whom It May Concern:

Carevoyance, LLC, a limited liability company organized under the laws of the state of Florida, hereby gives permission and consent for Carevoyance, Inc., a Delaware corporation, to use the name "Carevoyance Inc." for any and all legal business purposes within and without the state of Florida.

Sincerely,

Carevoyance, LLC

By: 
Anatoly Geyfman
Authorized Member

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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. Cinevoyance 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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01-20-2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1414 SE 32nd Avenue, Portland, Oregon 97214
(Principal office address)
(Current mailing address, if different)
8. Name and street address of Florida registered agent (P.O. Box NOT acceptable)
Name: Vcorp Services, LLC
Office Address: 5011 South State Road 7, Suite 106
Davie Florida 33314
(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.


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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Anatoly Geyfman

Address: 1414 SE 32nd Ave., Portland, OR 97214

Director: Abhinav Gautam

Address: 601 NE 36th St., #3408, Miami, FL 33137

B. OFFICERS

President: Anatoly Geyfman

Address: 1414 SE 32nd Ave., Portland, OR 97214

Vice President: _____

Address: _____

Secretary: Anatoly Geyfman

Address: 1414 SE 32nd Ave., Portland, OR 97214

Treasurer: Anatoly Geyfman

Address: 1414 SE 32nd Ave., Portland, OR 97214

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.817.153, F.S.

13. Dave Thornton, Chief Analytics Officer

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

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Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAREVOYANCE 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 TWENTY-NINTH 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 "CAREVOYANCE INC." WAS INCORPORATED ON THE TWENTIETH DAY OF APRIL, A.D. 2016.

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


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TALLAHASSEE, FLORIDA



6021493 8300

SR# 20164712151

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202582667

Date: 06-29-16

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