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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | ime) |
| (Do | cument Number | ·) |
| Certified Copies | _ Certificate | es of Status |
| Special Instructions to Filing Officer: | | |
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DEPARTMENT OF STATE

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K. SALY SEP 2 7 2016 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 307095 4300043

AUTHORIZATION :- MA

COST LIMIT : \$ 70.00

ORDER DATE: September 26, 2016

ORDER TIME : 1:14 PM

ORDER NO. : 307095-005

CUSTOMER NO: 4300043

FOREIGN FILINGS

NAME: WELLBOX 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: Melissa Zender -- EXT# 62956

EXAMINER:

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.

WELLBOX INC.

[Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

| i name unavaii | • | me adopted for the purpose of transacting business in Florida) |
|-------------------------------|---|---|
| DELAWARE | | 37-1801961 |
| FERRUARY | y under the law of which it is incorporated) 5, 2016 | |
| (Date AUGUST 1, 20 | | 5(Date of duration, if other than perpetual) |
| | (SEE SECTIONS 607.1501 & 60 | ss in Florida, if prior to registration) 97.1502, F.S., to determine penalty liability) SUITE 104, JACKSONVILLE, FL 32216 |
| | | |
| | (Pri | |
| | (Current m | nailing address, if different) |
| Name and <u>stre</u> Name: | | nailing address, if different) |
| | (Current m | (P.O. Box NOT acceptable) |
| Name: | (Current m et <u>address</u> of Florida registered agent: NATHANIAL B. FINDLAY | (P.O. Box NOT acceptable) |

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.

| By: (Registered agent's signature) | 117/147 CAY |
|------------------------------------|-------------|
| | MARAN |
| NATHANIAL B. FINDLAY | |

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: | 2016 SEP 2 | LEC |
|---|--------------------------|-----------------------|
| A. DIRECTORS | 2016 SEP 3 |)c |
| SEE ATTACHED RIDER | TATE OFFICE | O AM R. |
| Chairman: | - MASS | OF STATE F. FLORID |
| Address: | -,,,ζ | F, 50/47~ - URIG |
| | | |
| Vice Chairman: | | |
| Address: | | |
| | | |
| Director | | |
| Director: | | |
| Address: | | |
| | | |
| Director: | | |
| Address: | | |
| | | |
| B. OFFICERS | | |
| SEE ATTACHED RIDER | | |
| President: | | |
| Address: | | |
| | | |
| Vice President: | | |
| Address: | | |
| | | |
| Secretary: | | |
| Address: | | |
| | | |
| Treasurer: | | |
| Address: | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional of | officers and/or director | ors. |
| Signature of Director or Officer | | • |
| The officer or director signing this document (and who is listed in number 11 above) affi are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S. | | |
| 13. NATHANIAL B. FINDLAY, PRESIDENT | | |
| (Typed or printed name and capacity of person signing application | on) | |

RIDER



WELLBOX INC.

Officers:

| Name | Title | Business Address |
|----------------------|-----------|--|
| Nathanial B. Findlay | President | 4401 Salisbury Road, Suite 104 Jacksonville, FL 32216 |
| Leonard B.C. Schlemm | Treasurer | c/o Myca Health Inc. 2800 rue Louis-Lumière Suite 200 Québec (Québec) G1P 0A4 |

Directors:

| Name | Business Address |
|----------------------|--|
| Nathanial B. Findlay | 4401 Salisbury Road, Suite 104 Jacksonville, FL 32216 |
| Leonard B.C. Schlemm | c/o Myca Health Inc. 2800 rue Louis-Lumière Suite 200 Québec (Québec) G1P 0A4 |
| Matthew Downs | c/o Myca Health Inc. 2800 rue Louis-Lumière Suite 200 Québec (Québec) G1P 0A4 |
| Ian O. Ihnatowycz | c/o Myca Health Inc. 2800 rue Louis-Lumière Suite 200 Québec (Québec) G1P 0A4 |

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WELLBOX 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-SIXTH DAY OF SEPTEMBER, 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 "WELLBOX INC."

WAS INCORPORATED ON THE FIFTH DAY OF FEBRUARY, A.D. 2016.

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

2016 SEP 26 AM 8: 41
SECRETARY OF STATE
TATE AMASSEE, FLORIDA

Authentication: 203056212

Date: 09-26-16

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