

1/30/2017

Division of Corporations

F1700000467

Florida Department of State
Division of Corporations
Electronic Filing Overview

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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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

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17 JAN 31 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION**Sharecare, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	09
Estimated Charge	\$70.00

RECEIVED

2017 JAN 31 AM 10:32

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT

FEB 1 2017

1/1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sharecare, 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:

Name of Person

Firm/Company

Address

City/State and Zip code

nikki@sharecare.com

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

For further information concerning this matter, please call:

Name of Person

at ()

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. Sharecare, 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

(State or country under the law of which it is incorporated)

3. 27-0876664

(FEI number, if applicable)

4. 07/08/2009

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 255 E. Paces Ferry Road Suite 700, Atlanta, GA 30305

(Principal office address)

same

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: C T Corporation SystemOffice Address: 1200 South Pine Island RoadPlantation

(City)

Florida 33324

(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 SystemBy: Sierra Burns

(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 SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____
_____**B. OFFICERS SEE ATTACHMENT**President: Justin FerreroAddress: 255 E. Paces Ferry Road Suite 700Atlanta, GA 30305Vice President: Colin DanielAddress: 3280 Peachtree Road Suite 600Atlanta, GA 30305

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. Colin B Daniel

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. Colin B Daniel, Senior Vice President, Finance

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

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TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

- 1 Full Name: Jeff Arnold
Officer/Director: Officer
Officer's Title: CEO
Director's Title:
Business Address: 255 E. Paces Ferry Road Suite 700
City: Atlanta
State: GA
ZIP Code: 30305
- 2 Full Name: Dawn Whaley
Officer/Director: Officer
Officer's Title: President
Director's Title:
Business Address: 255 E. Paces Ferry Road Suite 700
City: Atlanta
State: GA
ZIP Code: 30305
- 3 Full Name: Darrell Thomas
Officer/Director: Officer
Officer's Title: Asst. Secretary
Director's Title:
Business Address: 255 E. Paces Ferry Road Suite 700
City: Atlanta
State: GA
ZIP Code: 30305
- 4 Full Name: Kai-Shing Tao
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 255 E. Paces Ferry Road Suite 700
City: Atlanta
State: GA
ZIP Code: 30305
- 5 Full Name: Jeff Arnold

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Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 255 E. Paces Ferry Road Suite 700
City: Atlanta
State: GA
ZIP Code: 30305

6 Full Name: Mark Mastrov

Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 255 E. Paces Ferry Road Suite 700

City: Atlanta

State: GA

ZIP Code: 30305

7 Full Name: David Jahns

Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 255 E. Paces Ferry Road Suite 700

City: Atlanta

State: GA

ZIP Code: 30305

8 Full Name: Scott English

Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 255 E. Paces Ferry Road Suite 700

City: Atlanta

State: GA

ZIP Code: 30305

9 Full Name: John Chadwick

Officer/Director: Director

Officer's Title:

Director's Title: Director

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TALLAHASSEE, FLORIDA

Business Address: 255 E. Paces Ferry Road Suite 700
City: Atlanta
State: GA
ZIP Code: 30305
10 Full Name: Rock Morphis
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 255 E. Paces Ferry Road Suite 700
City: Atlanta
State: GA
ZIP Code: 30305
11 Full Name: Dan Fox
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 255 E. Paces Ferry Road Suite 700
City: Atlanta
State: GA
ZIP Code: 30305
12 Full Name: Bruce Moore
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 255 E. Paces Ferry Road Suite 700
City: Atlanta
State: GA
ZIP Code: 30305
13 Full Name: Ken Goulet
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 255 E. Paces Ferry Road Suite 700
City: Atlanta
State: GA

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TALLAHASSEE, FLORIDA

ZIP Code: 30305

14 Full Name: Donato Tramuto

Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 255 E. Paces Ferry Road Suite 700

City: Atlanta

State: GA

ZIP Code: 30305

15 Full Name: Dr. Mehmet Oz

Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 255 E. Paces Ferry Road Suite 700

City: Atlanta

State: GA

ZIP Code: 30305

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHARECARE, 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 JANUARY, A.D. 2017.

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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17 JAN 31 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SR# 20170522253

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.

Authentication: 201952486

Date: 01-30-17