

F17000001032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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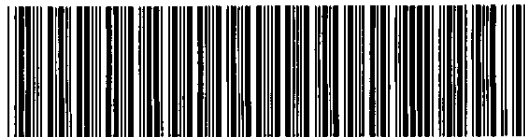
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR 07 2017  
S. YOUNG

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR -6 AM 10:55

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

ACCOUNT NO. : I20000000195

REFERENCE : 533423 4802976

AUTHORIZATION

COST LIMIT

*[Handwritten Signature]*  
~~\$ 125.00~~  
70.00

ORDER DATE : March 3, 2017

ORDER TIME : 10:20 AM

ORDER NO. : 533423-010

CUSTOMER NO: 4802976

FOREIGN FILINGS

NAME: FORMATIV HEALTH MANAGEMENT,  
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#

EXAMINER: \_\_\_\_\_

17 MAR -6 AM 10:55  
TALLAHASSEE, FLORIDA  
HEAD STATE  
SECRETARY OF STATE

**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.*

Formativ Health Management, Inc.

1. \_\_\_\_\_  
(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)

Delaware

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

July 26, 2016

4. \_\_\_\_\_ 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)

2000 Marcus Avenue, New Hyde Park, NY 11042

7. \_\_\_\_\_  
(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.*

  
\_\_\_\_\_  
(Registered agent's signature)

Janet Budhu, 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  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR -6 AM 10:55

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

A. DIRECTORS

Chairman: Jeremy Gelber (Director)  
2000 Marcus Avenue, New Hyde Park, NY 11042  
Address: \_\_\_\_\_

Vice-Chairman: Micahel Vaupen (Director)  
2000 Marcus Avenue, New Hyde Park, NY 11042  
Address: \_\_\_\_\_

Director: J. Joel Hackney, Jr.  
2000 Marcus Avenue, New Hyde Park, NY 11042  
Address: \_\_\_\_\_

Director: Dennis Dowling  
2000 Marcus Avenue, New Hyde Park, NY 11042  
Address: \_\_\_\_\_

B. OFFICERS

President: Dennis Dowling (Chief Executive Officer)  
2000 Marcus Avenue, New Hyde Park, NY 11042  
Address: \_\_\_\_\_

Vice President: Michael Vaupen (Vice President-Finance)  
2000 Marcus Avenue, New Hyde Park, NY 11042  
Address: \_\_\_\_\_

Secretary: Laurence Kraemer  
2000 Marcus Avenue, New Hyde Park, NY 11042  
Address: \_\_\_\_\_

Treasurer: J. Joel Hackney, Jr. (Assistant Secretary)  
2000 Marcus Avenue, New Hyde Park, NY 11042  
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. Laurence Kraemer, Secretary  
(Typed or printed name and capacity of person signing application)

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Addendum to Florida qualification:

11. A. Directors:

Thomas V. Thornton, 2000 Marcus Avenue, New Hyde Park, NY 11042

Laurence Kraemer, 2000 Marcus Avenue, New Hyde Park, NY 11042

1450  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
17 MAR - 6 AM 10:55

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FORMATIV HEALTH MANAGEMENT, 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 SIXTH DAY OF MARCH, 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 SAID "FORMATIV HEALTH MANAGEMENT, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2016.

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

17 MAR - 6 AM 10:55

DELAWARE  
SECRETARY OF STATE  
160707



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SR# 20171601326

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202144165

Date: 03-06-17