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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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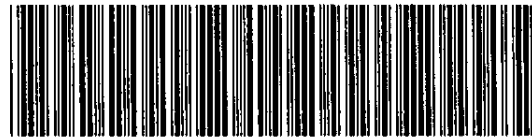
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

APR 6 2017

COVER LETTER

TO: Registration Section
Division of Corporations
MediFit Corporate Services, Inc.

SUBJECT: _____
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:
Cara Soffer

Name of Person
MediFit Corporate Services, Inc.

Firm/Company
25 Hanover Road

Address
Florham Park, NJ 07932

City/State and Zip code
csoffer@teamexos.com

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

For further information concerning this matter, please call:

Cara Soffer 973 593-9000

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.**

MediFit Corporate Services, 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)
New Jersey 22-3339492

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
11/29/1994

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)

25 Hanover Road Florham Park, NJ 07932

7. _____
(Principal office address)

(Current mailing address, if different)

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

CT Corporation

Name:

1200 S. Pine Island Rd. #250

Office Address:

Plantation

33324

(City)

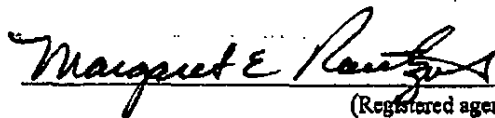
Florida

(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.

MARGARET E. ROUTZAHN
Special Assistant Secretary



(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

See attached

President: _____

Address: 2629 East Rose Garden Lane

Phoenix, AZ 85050

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Cara Soffen _____

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. Cara Soffen AS _____

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

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TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

MEDIFIT CORPORATE SERVICES, INC.
0100608246

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on November 29, 1994.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

VINCENT A. DEPROSSINO
25 HANOVER ROAD
FLORHAM PARK, NJ 07932

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

CHANGE OF REGISTERED OFFICE	10/08/1996
AMENDMENT	02/20/1997
CHANGE OF AGENT AND OFFICE	11/14/2001
CHANGE OF AGENT AND OFFICE	12/21/2006
ALTERNATE NAME FILING	07/30/2015
Annual Report filing with officer/member change	10/28/2015

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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

MEDIFIT CORPORATE SERVICES, INC.
0100608246



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
31st day of January, 2017

A handwritten signature in black ink, appearing to read "Ford M. Scudder".

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6077353322

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Exhibit C

Officers

Name	Office
Mark Verstegen	President
Dan Burns	Chief Executive Officer
Bill Bourque	President, Account Management & Field Operations
Jeff Terrill	President, EXOS Works
Jon Zerden	Chief Technology Officer
V. Carl Walker	Chief Legal Officer and Assistant Secretary
John Golden	President, Product Pioneering
Todd Smith	Chief Marketing Officer
Rick Smith	Chief Financial Officer and Treasurer and Secretary
Brandon Parise	Chief People Officer
Cara Soffer	Assistant Secretary

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TALLAHASSEE, FLORIDA