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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO: Registratio	n Section Corporations	•			
Accl	ivity Health Solutions, Inc				
SUBJECT: Name of corporation - must include suffix					
Dear Sir or Madam	:				
"Certificate of Exis	lication by Foreign Corporation fo stence," or "Certificate of Good Sta preign corporation to transact busin	anding" and check are subm			
Please return all co	rrespondence concerning this matte	er to the following:			
Jei	remy Powell				
	Name of	f Person			
A	Acclivity Health Solutions, Inc				
	Firm/Co	mpany			
11	01 Riverplace Blvd. Stc. 800,				
	Add	ress			
	Jacksonville, FL 32207				
	City/State	and Zip code			
	jeremy.powell@acclivityh				
	E-mail address: (to be used	for future annual report no	tilication)		
For further informa	tion concerning this matter, please	call:			
Jeremy Pow	Jeremy Powell at (904) 521-3539				
4	Name of Person Area Code Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building P.O. Box 6327 Tallahassee, FL 32301 MAILING ADDRI Registration Section Division of Corpora Tallahassee, FL 32301		ction porations			
Enclosed is a check	for the following amount:				
X \$70.00 Filing Fo	ce	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy		

15

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.

Acclivity Health 1.	Solutions, Inc			
(Enter name of co	rporation; must include "INCORPORATED," "(rp," "Inc," "Co," or "Corp.")	COMPANY,	" "CORPORATION	J,"
(If name unavailal	ole in Florida, enter alternate corporate name ado	pted for the p	purpose of transactin	ng business in Florida)
Delaware 2.	3.			
(State or country under the law of which it is incorporated) May 4, 2017		(FEI number, if applicable)		
	(Date of incorporation)		(Date of duration, if other than perpetual)	
6				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502			ity)
7	lvd., Ste. 800, Jacksonville, FL 32207			
		office address	s)	
	(Current mailing a	ddress, if dif	ferent)	
8. Name and street	address of Florida registered agent: (P.O. E	Box <u>NOT</u> a	cceptable)	17 .
Name:	RezLegal, LLC	_		JUL 31
Office Address:	816 A1A North, Stc. 204	_		.——
	Ponte Vedra Beach	, Florida	32082	AMIL:
	(City)		(Zip code)	: 49 Riba

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.

Vice Prosident of Reelegal, UC (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.

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

A. DIRI		
Chairman:	Jeremy Powell	
Address:	85687 Bostick Wood Drive	
· ·	Fernandina Beach, FL 32034	
Vice Chair	Kenneth Weng	
Address:	1451 Bentley St.	
ĺ	Concord, CA 94518	
Director: _ Address: _	Jeffrey Vaughn	
	4499 San Lorenzo Blvd	
	Jacksonville, FL 32224	
Director: _ Address: _	Melanie Skelton	
	5113 Bramblewood Drive	
	Manhattan, KS 66503	
B. OFFI	CERS	
President:	Jeremy Powell	
Address:	85687 Bostick Wood Drive	JUL
	Fernandina Beach, FL 32034	SEE.
Vice Presi	dent:	From
Address:		
Secretary:	Kenneth Weng	
	1451 Bentley St. Concord, CA 94518	
	Jeffrey Vaughn	
	4499 San Lorenzo Blvd., Jacksonville, FL 32224	
	f necessary, you may attach an addendum to the application listing additional officers an	
The office are true ar a third de	Signature of Director or Officer or or director signing this document (and who is listed in number 11 above) affirms that the that he or she is aware that false information submitted in a document to the Department of the Depart	he facts stated herein

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



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

DELAWARE, DO HEREBY CERTIFY "ACCLIVITY HEALTH SOLUTIONS, 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 FIFTH DAY OF JULY, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACCLIVITY HEALTH SOLUTIONS, INC." WAS INCORPORATED ON THE FOURTH DAY OF MAY, A.D. 2017.

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

e at corp delaware gov/aut

Authentication: 202828903

Date: 07-05-17

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