

F17006004240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

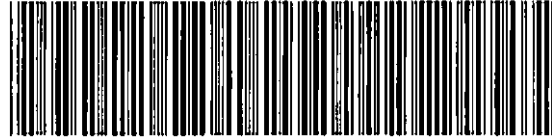
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 21 2011
FBI - ALABAMA

2011 SEP 21 AM 9:15

17 SEP 21 PM 3:48

SEP 22 2011
J. HARRIS

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 9/21/2017

PRIORITY Routine

OUR REF # (Order ID#) 600514

ORDER ENTITY

DEVOTED HEALTH, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

DEVOTED HEALTH, INC. (FL)

File the attached foreign qualification document

Please provide a certified copy as evidence.

NOTES:

\$78.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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.*

DEVOTED HEALTH, 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)

March 29, 2017

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

Upon filing

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

15 Temple Street, Newton, Massachusetts 02465

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Kathleen Vicars Kathleen Vicars
(Registered agent's signature) Assistant Secretary

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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2017 SEP 21 AM 9:15
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

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

A. DIRECTORS

Chairman: Todd Park
Address: c/o 15 Temple Street
Newton, Massachusetts 02465

Vice Chairman: N/A
Address: _____

Director: Edward Park
Address: c/o 15 Temple Street
Newton, Massachusetts 02465

Director: Bryan Roberts
Address: c/o 15 Temple Street
Newton, Massachusetts 02465

B. OFFICERS

President: Todd Park
Address: c/o 15 Temple Street
Newton, Massachusetts 02465

Vice President: N/A
Address: c/o 15 Temple Street
Newton, Massachusetts 02465

Secretary: Edward Park
Address: c/o 15 Temple Street, Newton, Massachusetts 02465

Treasurer: Edward Park
Address: c/o 15 Temple Street, Newton, Massachusetts 02465

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. Edward Park, Chief Executive Officer
(Typed or printed name and capacity of person signing application)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

ADDENDUM

Company Name: Devoted Health, Inc.

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

A. DIRECTORS (additional names)

Director: Robert Kocher
Address: c/o 15 Temple Street
Newton, Massachusetts 02465

Director: Kathleen Sebelius
Address: c/o 15 Temple Street
Newton, Massachusetts 02465

Director: William H. Frist
Address: c/o 15 Temple Street
Newton, Massachusetts 02465

B. OFFICERS (additional name)

Chief Executive Officer: Edward Park
Address: c/o 15 Temple Street
Newton, Massachusetts 02465

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEVOTED HEALTH, 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEVOTED HEALTH, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2017.

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



6358097 8300

SR# 20176261504

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203262863

Date: 09-20-17