# F17000004606

	Requestor's Name)
(	Address)
	(Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
WIF	-80036

Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2017

SARAH IAMS 20800 SW 115TH AVENUE STE 100 TUALATIN, OR 97062

SUBJECT: WELLPARTNER, INCORPORATED

Ref. Number: W17000080036

We have received your document for WELLPARTNER, INCORPORATED and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

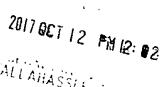
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 317A00020352

#### COVER LETTER BATTAN



Certified Copy

			MLLAHACA			
	TO: Registration Section Division of Corporations		CALLAHASSIF FLOWING			
	SUBJECT: Wellpartner, Inc.	h	217000080036			
	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:					
	Sarah lams  Name of Person  Wellpartner, Inc.					
	Firm/Company					
	20800 SW 115th Avenue Suite 100  Address Tualatin, OR 97062  City/State and Zip code					
	cadanis@wellpartner.net					
	E-mail address: (to be used for future annual report notification)					
	For further information concerning this r	natter, please call	:			
	Sarah lains		503 906-6803 at ()			
	Name of Person	Area Code	Daytime Telephone Number			
~10	STREET/COURIER ADDRES	SS:	MAILING ADDRESS:			
_( \	Registration Section		Registration Section			
defin	Division of Corporations Clifton Building		Division of Corporations			
semin rullel	2661 Executive Center Circle Tallahassee, FL 32301		P.O. Box 6327 Tallahassee, FL 32314			
	Enclosed is a check for the following am	ount:				
	□ \$70.00 Filing Fee □ \$78.75 Filin Certificate	-	78.75 Filing Fee & S87.50 Filing Fee, crtified Copy Certificate of Status A			

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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.

Delaware	ble in Florida, enter alternate corporate name adopted for t	<u>!</u>		
00426012	Damatual	Dametual		
November 1, 20	of incorporation) 5. (E	ate of duration, if other than po	erpetual)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 20800 SW 115th Avenue, Suite 100, Tualatin, OR 97062  (Principal office address)				
(Current mailing address, if different)				
Name and stree	et address of Florida registered agent: (P.O. Box NO	Tacceptable)	6.0 mg	
Name:	Corporation Service Company 1201 Hays Street			
Office Address:	Tallahassec , Flor	32301 ida		
	(City)	(Zip code)		

(Registered agent's signature)

duties, and I am familiar with and accept the obligations of my position as registered agent.

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. DIRECTORS James Bradley Chairman: 8109 Galway Road Address: Woodbury, MN 55125 Vice Chairman: \_\_\_\_\_ See Attached Director: Address: \_\_ Director: Address: \_ **B. OFFICERS** James Love President: 22 Cortlandt Street, 17th Fl Address: New York, NY 10007 Sec Attached Vice President: Address: Kenneth Bodmer Secretary: 22 Cortlandt Street, 17th Fl, NY, NY 10007 Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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 5.817.155, E.S. Kenneth Bodmer, Executive Vice President, CFO

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

## √ partner

#### Wellpartner Board of Directors

#### JAMES P. BRADLEY Chairman of the Board c/o 8109 Galway Road Woodbury, MN 55125 Office: (651) 731-9132 james.p.bradley@comcast.net SAM GRAY Director C/O Apposite Capital, LLP Bracken House One Friday Street London, UK EC 4M 9JA Office: +44 (0) 20 7090 6190 sam.gray@appositecapital.com HANS LUNDIN Director c/o Point B Capital 300 East Pine Street Seattle, WA 98122 Office: (206) 832-1990 hlundin@pointbcap.com JAMES R . LOVE President & Chief Executive Officer, Director c/o Wellpartner, Inc. 7216 SW Durham Road Portland, OR 97224 Office: (503) 718-5700 jlove@wellpartner.com ANDY DALE Director CO Montlake Capital 1200 Fifth Avenue, Suite 1800 Seattle, WA 98101 Office: (206) 579-0833 adale@montlakecapital.com Caley Castelein, M.D. Director do Kearny Venture Partners One Maritime Plaza, Suite 1975 San Francisco, CA 94111 Office: (415) 875-7778

caley@kearnyvp.com

## √ partner

**PAUL HOWARD** 

Director
c/o
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Newton, MA 02458
Office: (617) 332-3428
phoward@mediphasefunds.com

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Office: (212) 547-5080

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Tom Hagan
Executive Vice President, Client Technology
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thagan@wellpartner.net
Office: (212) 547-5082

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WELLPARTNER, 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 ELEVENTH DAY OF OCTOBER, 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 "WELLPARTNER, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2013.

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

Addon Addon

5398723 8300 SR# 20176572711

Authentication: 203380807

Date: 10-11-17