

F17000005086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

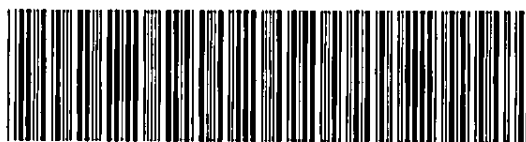
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900305239319

RECEIVED

2017 NOV 13 AM 9:02

17 NOV 13 PM 4:05

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NOV 14 2017

J. HARRIS

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

ACCOUNT NO. : I20000000195

REFERENCE : 895091 8002372

AUTHORIZATION

[Handwritten Signature]

COST LIMIT : \$ 887.50

ORDER DATE : November 2, 2017

ORDER TIME : 3:53 PM

ORDER NO. : 895091-010

CUSTOMER NO: 8002372

FOREIGN FILINGS

NAME: DOCTOR ON DEMAND, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations
Doctor On Demand, 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:
Arwen Sheridan

_____	Name of Person
Doctor On Demand	
_____	Firm/Company
3100 Clarendon Blvd, Suite 200	
_____	Address
Arlington, VA 22202	
_____	City/State and Zip code
asheridan@doctorondemand.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arwen Sheridan	302	345-3676
_____	at (_____)	_____
Name of Person	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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|--|

**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.*

Doctor On Demand, 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 46-1326978

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
October 26, 2012

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
October 9, 2015

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
275 Battery Street, Suite 650 San Francisco CA 94111

7. _____
(Principal office address)

_____ (Current mailing address, if different)

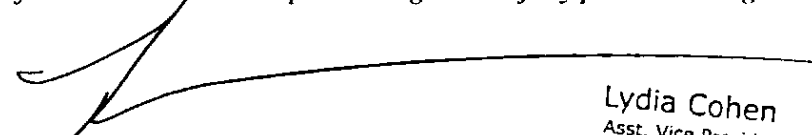
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Corporation Service Company

Name: _____
1201 Hays Street

Office Address: _____
Tallahassee 32301
_____, Florida _____
(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
esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my
uties, and I am familiar with and accept the obligations of my position as registered agent.*


Lydia Cohen
Asst. Vice President
(Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction
for the law of which it is incorporated.

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

A. DIRECTORS

Hill Ferguson

Chairman:

275 Battery Street, Suite 650

Address:

San Francisco, CA 94111

Director- Jay McGraw

Vice Chairman:

275 Battery Street, Suite 650

Address:

San Francisco, CA 94111

Tom Daschle

Director:

275 Battery Street, Suite 650

Address:

San Francisco, CA 94111

Bryan Roberts

Director:

275 Battery Street, Suite 650

Address:

San Francisco, CA 94111

B. OFFICERS

Hill Ferguson

President:

275 Battery Street, Suite 650

Address:

San Francisco, CA 94111

Vice President:

Address:

Ross Friedberg

Secretary:

275 Battery Street, Suite 650 San Francisco, CA 94111

Address:

Matthew Scalo

Treasurer:

275 Battery Street Suite 650 San Francisco, CA 94111

Address:

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

2. 

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.

Ross Friedberg, Secretary, Doctor On Demand, Inc.

3. _____

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOCTOR ON DEMAND, 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 SECOND DAY OF NOVEMBER, 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 "DOCTOR ON DEMAND, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2012.

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



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

5232412 8300

SR# 20176904266

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

Authentication: 203504299

Date: 11-02-17