(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PłCK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer: 5 800.00 W 17-95007					

Office Use Only



100306013881

11/28/17--01006--011 **70.00

12/05/17--01043--001 **800.00

S. WARREN DEC 0 5 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2017

VALERIE SCHREINER 10475 CROSSPOINT BLVD, SUITE 200 PMB #2581 INDIANAPOLIS, IN 46256-3387

SUBJECT: VERICITE, INC. Ref. Number: W17000095227

We have received your document for VERICITE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$800.00.

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.

Letter Number: 817A00024220

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

то:	Registration Se Division of Co				
SUBJI	VeriCite,	Inc.			
30 00	LC1	Name of o	orporation	- must include suffix	.
Dear Si	ir or Madam:				
"Certif	icate of Existenc	ion by Foreign Corpo e," or "Certificate of in corporation to tran	Good Stan	ding" and check are sub	nct Business in Florida," comitted to register the
	return all corresp Schreiner	oondence concerning	this matter	to the following:	
			Name of	Person	
VeriCit	e, Inc.				
			Firm/Com	pany	
10475 (Crosspoint Blvd.,	Suite 200, PMB#2581			
			Addre	rss	
Indiana	polis, IN 46256-3	387			
		C	lity/State a	nd Zip code	-
operatio	ons@vericite.com				
		E-mail address: (t	o be used f	or future annual report	notification)
For fur	ther information	concerning this matt	er, please c	all:	
Valerie	Schreiner	at	844	837-4248 x708	
	Name of Perso		Area Cod	Daytime Telep	hone Number
	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclose	ed is a check for	the following amoun	t:		
= \$70.	.00 Filing Fee	S78.75 Filing For Certificate of S		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

VeriCite, Inc.	corporation; must include "INCORPORATED," "	COMPANY" "CORPORATION"	_
	Corp." "Inc." "Co," or "Corp.")	COMPANT, CORPORATION,	
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida	<u></u>
De	laware	92 2006901	
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)	_
T	10 2017		
(Date	of incorporation)	(Date of duration, if other than perpetual)	_
Septemb	per 22, 2015		
	(Date first transacted business in Fl		
0475 Crosspoin	(SEE SECTIONS 607.1501 & 607.1502, t Blvd., Suite 200, PMB#2581, Indianapolis, IN	• • •	
	t Blvd., Suite 200, PMB#2581, Indianapolis, f.\ (Principal o	office address)	
	Ç,	,	
	(Current mailing a	ddress, if different)	17
			30
		Box NOT acceptable)	. (
Name and <u>stree</u>	et address of Florida registered agent: (P.O. E		
Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. E NRAI Services, Inc.	₩ 27	
Name:			PA
Name:	NRAI Services, Inc.	デュー 1855 1857 1857 1857 1877	PM I: (
	NRAI Services, Inc. 1200 South Pine Island Road Plantation		PM 1: 33

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.

This Picker HSSt. 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.

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

A. DIKI	CORS									
Chairman	Raymond Henderson									
Address:	10475 Crosspoint Blvd, Ste 200									
	Indianapolis, IN 46256									
Vice Chai	rman:									
Address:	· · · · · · · · · · · · · · · · · · ·									
-	Scott Siddall									
Director:										
Address:	10475 Crosspoint Blvd, Ste 200									
	Indianapolis, IN 46256									
Director:	Samuel Ottenhoff	, ,								
Address:	10475 Crosspoint Blvd, Ste 200	— 12 	B0 4							
riouress.	Indianapolis, IN 46256			-						
B. OFF	ICERS	<u> </u>		TT1						
President:	Valerie Schreiner, CEO		F	O						
Address:	10475 Crosspoint Blvd, Ste 200		- အ ယ							
	Indianapolis, IN 46256	379								
Vice Presi	Scott Siddall, COO									
Address;	10475 Crosspoint Blvd, Ste 200									
	Indianapolis, IN 46256									
Secretary										
Address:										
Treasurer	:									
Address:										
NOTE:	If necessary, you may attach an addendum to the application listing additional officers	and/or directo	ors.							
12	Eur E Sidell									
are true a	Signature of Director or Officer ser or director signing this document (and who is listed in number 11 above) affirms the und that he or she is aware that false information submitted in a document to the Depart egree felony as provided for in s.817.155, F.S. Scott E Siddall	at the facts sta iment of State	ted her	rein tutes						
	(Transit or mineral name and name in the first in the contract of the contract									

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VERICITE, 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 NINTH DAY OF NOVEMBER, A.D. 2017.

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

at corp. delaware gov/auth

Authentication: 203546796

Date: 11-09-17