

FB000000639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

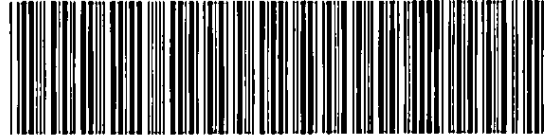
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400308841894

FILED

2018 FEB - 7 A 8:51

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED

2018 FEB - 7 PM 1:43

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

D. SCOTT

FEB - 8 2018

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

ACCOUNT NO. : I20000000195

REFERENCE : 061277 7354150

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : February 7, 2018

ORDER TIME : 11:45 AM

ORDER NO. : 061277-005

CUSTOMER NO: 7354150

FOREIGN FILINGS

NAME: HEALTHSNAP, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

FILED
2018 FEB - 7 A 8:51
TALLAHASSEE, FLORIDA

**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.*

1. HealthSnap, Inc.

(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)

2. Delaware

(State or country under the law of which it is incorporated)

3. 47-5087387

(FEI number, if applicable)

4. January 22, 2018

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. January 22, 2018

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

7. 1951 NW 7th Avenue, Miami, FL 33136

(Principal office address)

1951 NW 7th Avenue, Miami, FL 33136

(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

(City)

, Florida _____

(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.

Roxanne Turner
Asst. Vice President



(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.

FILED
2018 FEB -7 A 8:51
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Yenvy Truong

✓Chairman:

1951 NW 7th Avenue, Miami, FL 33136

Address:

✓Director:

Wesley Smith

~~Vice Chairman:~~

1951 NW 7th Avenue, Miami, FL 33136

Address:

Misha Kerr

✓Director:

1951 NW 7th Avenue, Miami, FL 33136

Address:

Samson Magid

✓Director:

1951 NW 7th Avenue, Miami, FL 33136

Address:

Chase Preston

Director:

1951 NW 7th Avenue, Miami, FL 33136

B. OFFICERS

Yenvy Truong

✓President:

1951 NW 7th Avenue, Miami, FL 33136

Address:

Samson Magid

✓Vice President:

1951 NW 7th Avenue, Miami, FL 33136

Address:

Misha Kerr

✓Secretary:

1951 NW 7th Avenue, Miami, FL 33136

Address:

Chase Preston

✓Treasurer:

1951 NW 7th Avenue, Miami, FL 33136

Address:

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

12. _____

Yenvy Truong

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.

3. _____

Yenvy Truong, President

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

FILED
2018 FEB - 1 A 8:51
TALLAHASSEE, FL
STATE DEPT. OF
COMM.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHSNAP, 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 SEVENTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHSNAP, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2018.

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

FILED
2018 FEB -7 A 8:51
CLERK OF THE
DEPARTMENT OF
TALLAHASSEE FLORIDA




Jeffrey W. Bullock, Secretary of State

6721505 8300

SR# 20180792105

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

Authentication: 202106467

Date: 02-07-18