## F18000000731

(Re	equestor's Name)					
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
	usiness Entity Nar	ne)				
(0)	usiness Emily Ivai	ne,				
(Da	ocument Number)					
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:	-				





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18 FEB 12 PH 2: 4
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## **COVER LETTER**

٠,٠	Division of Corporations						
SUBJECT:	SparkMD Inc.						
Name of corporation - must include suffix							
Dear Sir or Ma	adam:						
"Certificate of	"Application by Foreign Corporation for Authorize f Existence," or "Certificate of Good Standing" are ced foreign corporation to transact business in Flo	nd check are submitted to register the					
Please return a	all correspondence concerning this matter to the fo	ollowing:					
Harrison C	Gordon						
	Name of Person						
SparkMD	Inc.						
	Firm/Company						
505 Cypre	ess Point Drive Unit 55						
	Address						
Mountain '	View, CA 94043						
	City/State and Zip co	ode					
legal@blu	eberrymed.com						
	E-mail address: (to be used for future	annual report notification)					
For further info	formation concerning this matter, please call:						
Harrison G	Gordon at (407 ) 4	97 9203					
Name	of Person Area Code	Daytime Telephone Number					
Regist Divisio Cliftor 2661 E	CET/COURIER ADDRESS: tration Section on of Corporations in Building Executive Center Circle tassec, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a c	check for the following amount:						
■ \$70.00 Fili		Filing Fee & S87.50 Filing Fee, ed Copy 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.

I.	SparkMD In				· · · · · · · · · · · · · · · · · · ·	_
	(Enter name of co	rporation; must include "INCORPORATE	ED,"	"COMPANY," "CORPORATION,"		
	"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")				
	(If name unavaila	ble in Florida, enter alternate corporate na	me a	dopted for the purpose of transacting b	usiness in Florida)	-
2	Delaware, U	Jnited States	3.	82-2644770		
۷.		inder the law of which it is incorporated) (FEI number, if applicable		able)	_	
4	July 17, 201	7	5.			
•	(Date of incorporation)			(Date of duration, if other tha	n perpetual)	
6.				•		
٥.				Florida, if prior to registration)		
		(SEE SECTIONS 607.1501 & 60	17.15	02, F.S., to determine penalty liability)		
7.	505 Cypres	s Point Drive Unit 55, Mountair				
		(Pri	ıncıp	al office address)		
		(Current n	ailin	g address, if different)		
		•				
8.	Name and stree	t address of Florida registered agent:	(P.C	). Box NOT acceptable)		
		Corporation Service Company				
	Name:	1201 11		<del></del>	m , 8	<u>्</u>
0	ffice Address:	1201 Hays Street			四 🖫	<u>.                                    </u>
		Tallahassee		32301 , Florida	± №	
		(City)		(Zip code)	発明を	

## 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.

Corporation Scrvice Company

By: Deb Reeves

Assistant 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Harrison Gordon Address: 505 Cypress Point Drive Unit 55, Mountain View, CA 94043 Vice Chairman: Address: Director: Sean Miller Address: 505 Cypress Point Drive Unit 55, Mountain View, CA 94043 Director: Jonathan Kahan Address: 505 Cypress Point Drive Unit 55, Mountain View, CA 94043 **B. OFFICERS** President: Harrison Gordon Address: \_505 Cypress Point Drive Unit 55, Mountain View, CA 94043 Vice President: Address: Secretary: Harrison Gordon Address: 505 Cypress Point Drive Unit 55, Mountain View, CA 94043 Treasurer: 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 s.817.155, F.S. 13. Harrison Gordon



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

DELAWARE, DO HEREBY CERTIFY "SPARKMD 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 TWENTY-NINTH DAY OF JANUARY, A.D. 2018.

Authentication: 202048951

Date: 01-29-18

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