

# F18000005258

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
CANDID CARE CO.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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Electronic Filing Menu

Corporate Filing Menu

Help

12-11-18

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
Candid Care Co.

**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:  
Lisa Murphy

\_\_\_\_\_  
Name of Person  
Dykema Gossett PLLC  
\_\_\_\_\_  
Firm/Company  
112 E. Pecan Street, Suite 1800  
\_\_\_\_\_  
Address  
San Antonio, Texas 78205  
\_\_\_\_\_  
City/State and Zip code  
herschel@candidco.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Murphy                      210                      554-5317  
\_\_\_\_\_  
Name of Person                      at (\_\_\_\_\_)                      \_\_\_\_\_  
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:

- ☐ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$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

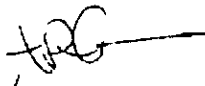
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Candid Care Co.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  
  
Candid Florida Co.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
36-4867239
2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/25/2017 5. perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. upon filing  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 41 Union Square West, Second Floor, New York, NY 10003  
(Principal office address)  
  
41 Union Square West, Second Floor, New York, NY 10003  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Vcorp Services, LLC  
Name: \_\_\_\_\_  
5011 South State Road 7, Suite 106  
Office Address: \_\_\_\_\_  
Davie 33314  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

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## 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.*



Anthony Palazzo, Assistant Secretary, Vcorp Services, LLC

~~(Registered Agent 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: SEE ATTACHED LIST

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**President: SEE ATTACHED LIST

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. [Signature]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. Gary Kliegman, Chief operating officer(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

**CANDID CARE CO.****Directors & Officers**

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
Nicholas Greenfield	Director	41 Union Square West, 2 <sup>nd</sup> Floor New York, NY 10003
John Elton	Director	41 Union Square West, 2 <sup>nd</sup> Floor New York, NY 10003
Zachary Frankel	Director	41 Union Square West, 2 <sup>nd</sup> Floor New York, NY 10003
Don Kingsborough	Director	41 Union Square West, 2 <sup>nd</sup> Floor New York, NY 10003
Brett Shaheen	Director	41 Union Square West, 2 <sup>nd</sup> Floor New York, NY 10003
Nicholas Greenfield	Chief Executive Officer	41 Union Square West, 2 <sup>nd</sup> Floor New York, NY 10003
Zachary Frankel	Secretary	41 Union Square West, 2 <sup>nd</sup> Floor New York, NY 10003
Gary Kliegman	Chief Operating Officer	41 Union Square West, 2 <sup>nd</sup> Floor New York, NY 10003
Arnab Ghoshal	Chief Design Officer	41 Union Square West, 2 <sup>nd</sup> Floor New York, NY 10003
Priscilla Cosgrove	Head of Product	41 Union Square West, 2 <sup>nd</sup> Floor New York, NY 10003
Samuel Levine	Head of Growth	41 Union Square West, 2 <sup>nd</sup> Floor New York, NY 10003
Spencer Salovaara	Head of Operations	41 Union Square West, 2 <sup>nd</sup> Floor New York, NY 10003

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# Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CANDID CARE CO." 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 TENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CANDID CARE CO." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2017.

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

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TALLAHASSEE, FLORIDA



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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204056652

Date: 12-10-18

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