

FI800005711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

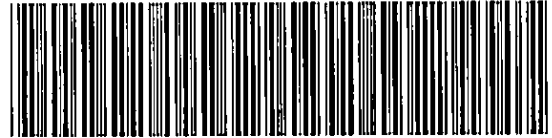
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400320784834

11/19/18--01045--019 **87.50

FILED

2018 DEC 13 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FL 32301

N CULLIGAN

DEC 13 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AllyAlign Health, Inc.

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:

Patrick J Hurd

Name of Person

AllyAlign Health, Inc.

Firm/Company

10900 Nuckols Road, Suite #110

Address

Glen Allen, VA 23060

City/State and Zip code

Patrick.Hurd@allyalign.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick J Hurd

Name of Person

at (804) 729-3323

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2018

PATRICK J. HURD
10900 NUCKOLS ROAD, SUITE #110
GLEN ALLEN, VA 23060

SUBJECT: ALLY ALIGN HEALTH, INC.
Ref. Number: W18000104083

We have received your document for ALLY ALIGN HEALTH, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 818A00024636

**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. AllyAlign Health, 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

3. 46-2915506

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

(FEI number, if applicable)

03/12/2013

5. Perpetual

(Date of incorporation)

(Date of duration, if other than perpetual)

Not yet transacting business in Florida

6. _____

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

10900 Nuckols Road, Suite 110, Glen Allen, VA 23060

7. _____

(Principal office address)

(Current mailing address, if different)

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

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

, Florida 32301

(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 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 Service Company

By: Andrea Gombke

(Registered agent's signature)

San Jose, CA
Assistant Vice President

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 DEC 13 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Robert Schulz

Address: 565 Fifth Avenue, 26th Floor

New York, NY 10017

Director: William Paul Wallace

Address: 20 Burton Hills Blvd, Suite 150

Nashville, TN 37215

B. OFFICERS

President: Will Saunders

Address: 10900 Nuckols Road, Suite 110

Glen Allen, VA 23060

Vice President: _____

Address: _____

Secretary: Julianne Hug

Address: 10900 Nuckols Road, Suite 110, Glen Allen, VA 23060

Treasurer: Julianne Hug

Address: 10900 Nuckols Road, Suite 110, Glen Allen, VA 23060

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

12. Will R _____

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. Will R Will Saunders, President

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

FILED
2018 DEC 13 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "ALLYALIGN HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWELFTH DAY OF MARCH, A.D. 2013, AT 5:31 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "TUTELAR HEALTH, INC." TO "ALLYALIGN HEALTH, INC.", FILED THE TWENTY-EIGHTH DAY OF MAY, A.D. 2013, AT 10:45 O'CLOCK A.M.

RESTATED CERTIFICATE, FILED THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2013, AT 10:54 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "ALLYALIGN HEALTH, INC.".

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



5302156 8310

SR# 20187640494

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line.

Authentication: 203903744

Date: 11-14-18

Delaware

The First State

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AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLYALIGN
HEALTH, INC." WAS INCORPORATED ON THE TWELFTH DAY OF MARCH, A.D.
2013.

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



5302156 8310

SR# 20187640494

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

A handwritten signature in black ink, appearing to read "JMSAR", written over a horizontal line. Below the line, the text "James A. Smith, Secretary of State" is printed in a small font.

Authentication: 203903744

Date: 11-14-18