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COVER LETTER

TO: Registration Section Division of Corporat.	ons			
•	OICAL SOLUTIONS, I	NC.		
SUBJECT:	Name of corpor	ation - must	include suffix	
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	"Certificate of Good	l Standing'' a	nd check are sub	
Please return all corresponder	nce concerning this m	natter to the	following:	
Shana Nishihira	 			
Valant Medical Solutions, Inc.	Nam	e of Person		
valuativicultar solutions. Inc.				
2033 6th Ave. Suite 500	Firm/	'Company		
	F	Address		
Seattle, WA 98121				
	City/St	ate and Zip c	ode	
legal@valant.com			- 	
E-1	nail address: (to be u	sed for futur	e annual report n	otification)
For further information conce	rning this matter, ple	ase call:		
Shana Nishihira	206	926-	4710	
Name of Person	at (Area	Code	Daytime Teleph	none Number
STREET/COURIER Registration Section Division of Corporati- Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fi	ection rporations
Enclosed is a check for the fol	lowing amount:			
	78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	\$87.50 Filing Fee, Certificate of Status &

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.

(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting busines	s in Florida)
Washington	3	27-3668529	
(State or country			
(Date	of incorporation)	(Date of duration, if other than perp	etual)
February 1, 2019			
2033 6th Ave, Sui	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1) to 500, Seattle, WA 98121	502, F.S., to determine penalty liability)	
	(Princip	pal office address)	~
N/A			25
	(Current maili	ng address, if different)	2019 JAN
Names and atmosp	addense of Clasida magistanad agents (D.)	O Boy MOT accontable)	29 ASS
Name and stree	 address of Florida registered agent: (P.G Registered Agent Solutions, Inc. 	3. Box NOT acceptable)	PH 1: 50
Name:			100 m
ffice Address:	155 Office Plaza Dr., Suite A		100 mg/s
	Tallahassee	32301 , Florida	,
	(City)	(Zip code)	
	(City) nt's acceptance:		ation at the pl
	application, I hereby accept the appoint	ment as registered agent and agree to act elative to the proper and complete perfor	in this capacity

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 No Chairman of the Board Chairman: No Vice Chairman of the Board Vice Chairman: Paul Cook Director: 2033 6th Ave, Suite 500 Address: Seattle, WA 98121 Joel French Director: 720 3rd Ave, Suite 1000 Address: Seattle, WA 98104 **B. OFFICERS** President and Chief Medical Officer: David Lischner President: 2033 6th Ave, Suite 500 Address: Seattle, WA 98121 CEO: Paul Cook Vice President: ___ 2033 6th Ave, Suite 500 Address: Seattle, WA 98121 Secretary and General Counsel: Christina Owens Secretary: 2033 6th Ave, Suite 500, Seattle, WA 98121 Address: Controller: Stacy Huynh Treasurer: 2033 6th Avc, Suite 500, Seattle, WA 98121 Address: 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.

Paul Cook

13.

Appendix A: Valant Medical Solutions, Inc. Board of Directors and Officers

Additional Members of Board

Name	Address
David Lischner	2033 6th Ave, Suite 500 Seattle, WA 98121
Brian Sheppard	601 Union St, Suite 3920 Seattle, WA 98101
Eddie Switaj III	601 Union St, Suite 3920 Seattle, WA 98101

Additional Officers

Title	Name	Address	
Chief Product Officer	Alec Fishburne	2033 6th Ave, Suite 500	
		Seattle, WA 98121	

The State of Washington

Secretary of State

I, KIM WYMAN. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

VALANT MEDICAL SOLUTIONS, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 10/13/2010.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid. I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 12/03/2018 UBI Number: 603 054 906

STATA ON SHIME OF THE STATA OF

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Kin Ulyna

Date Issued 12/03/2018