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(Re	equestor's Name)		
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PICK-UP	MAIT	MAIL	
(Bu	usiness Entity Name)	
(Document Number)			
Certified Copies	_ Certificates o	f Status	
Special Instructions to	Filing Officer:		

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S. PRATHER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195

REFERENCE: 703656 8268556

AUTHORIZATION : //

COST LIMIT : 125.00

ORDER DATE: March 29, 2019

ORDER TIME : 9:35 AM

ORDER NO. : 703656-005

CUSTOMER NO: 8268556

FOREIGN FILINGS

NAME: CLOUDTOP HEALTH INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

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.

4.	OP HEALTH INC.				
"lnc.," "Co.," "(corporation; must include "INCORPO Corp," "Inc," "Co," or "Corp.")	ORATED," "CC	ompany," "Corporation,"		
(15					_
	lable in Florida, enter alternate corpo	orate name adopt	ed for the purpose of transacting bu	isiness in Florida	a)
2. DELAWAF	RE ry under the law of which it is incorp	3			_
(State or count	ry under the law of which it is incorp	orated)	(FEI number, if application	able)	
4. 03-25-2019		5	(Date of duration, if other than		
(Date	(Date of incorporation)		(Date of duration, if other than	perpetual)	
5					
			ida, if prior to registration) .S., to determine penalty liability)		
7. 2109 Bayshore	e Boulevard Tampa, FL 33606			·. <u>~</u>	<u>.</u>
		(Principal of	ice address)	W.	5
				i de la companya de l	20 T
	(Cu	rrent mailing add	lress, if different)	<u> </u>	+-0a*
				(A) (20 (D) (20 (D) (20	- 1 - 5"1
Name and street	et address of Florida registered a	gent: (P.O. Bo	x NOT acceptable)	inc in in inc in in in inc in	
Name:	Corporation Service Company				
	1201 Hays Street	<u> </u>		rr o	
Office Address:					
	Tallahassee		32301 Florida		
	(City)		(Zip code)		
) Danietował aw					
	ent's acceptance: ned as registered agent and to ac	cent service of	process for the above stated co	ernoration at ti	he nlace
designated in this	s application, I hereby accept the	e appointment	as registered agent and agree t	o act in this ca	pacity.
further agree to c	comply with the provisions of all familiar with and accept the obli	statutes relati	ve to the proper and complete p	verformance of	f my
imiles, and I am	Jammar wan ana accept the ood	iguitons of my	position as registerea agent.		
C	Corporation Service Company		Lydia Cohen		
E	set 1st		Asst. Vice President		
=	(F	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.

 Names and business addresses of officers and/or di

A. DIREC	CTORS			
Chairman:	Andrew ONeill			
Address: _	2109 Bayshore Boulevard Tampa, FL 33606			
Vice Chair	nen:			
Address: _				
Director: _				
Address: _				
_				
Director:			_	
		<u> </u>		
_			· · · · ·	
B. OFFIC	CERS			
President:	Andrew ONeill			
•	2109 Bayshore Boulevard Tampa. FL 33606	ξ'	20	
Audicis			3	
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	ent:	<u>. ⊒.</u> .		7-7-7-3 7-7-7-3
Address: _		m _e	=	TI CO
_		F-1:5	-:-	
Secretary:		<u> </u>		
Address: _				
Treasurer:		-		
Address: _				
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and	or direc	tors.	
12	AT O'MIN			
The officer	signature of Director of Officer of director signing this document (and who is listed in number 11 above) affirms that the	e facts s	tated h	erein
are true and	d that he or she is aware that false information submitted in a document to the Departmenter felony as provided for in s.817.155, F.S.	t of Stat	te const	itutes
_	Andrew ONeill			
	(Typed or printed name and capacity of person signing application)			

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CLOUDTOP HEALTH 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 MARCH, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLOUDTOP HEALTH INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2019.

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

Authentication: 202543909

Date: 03-29-19

7342895 8300 SR# 20192395045