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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2019 JUL 25 JA 10: 53

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K. SALY JUL 26 2019 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 859390 7130715

AUTHORIZATION : Supelable pala

COST LIMIT : \$ 87.50

ORDER DATE: July 24, 2019

ORDER TIME : 9:09 AM

ORDER NO. : 859390-010

CUSTOMER NO: 7130715

FOREIGN FILINGS

NAME: WESHAREMD.COM INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	WEshareMD.com Inc.			
2020		e of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	iclosed "Application by Foreign of Certification of Existence," or "Certificate ferenced foreign corporation to	ite of Good Stand	ling" and check are submi	
	return all correspondence concer Scopetta	rning this matter	to the following:	
		Name of P	erson	
WEsha	reMD.com Inc.			
		Firm/Comp	pany	
499 No	orth El Camino Real, Suite 202			
		Addres	SS .	
Encini	as. CA 92024			
		City/State an	d Zip code	
	@wesharemd.com	. 1 12	 	
	l:-mail addre	ess: (to be used to	or future annual report not	ification)
For fur	ther information concerning this	matter, please ca	ill:	
George	Scopetta	305	282-3514	
	Name of Person	at (Area Code	Daytime Telephor	ne Number
	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SSS:	MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Enclos	ed is a check for the following ar	nount:		
☐ \$70	.00 Filing Fee		\$78.75 Filing Fee & 6 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.

WEshareMD.co			
	orporation; must include "INCORPORATED," 'orp," "Inc." "Co." or "Corp.")	'COMPANY," "CORPORATION."	
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business	in Florida)
Delaware	4	47-2279112	
(State or countr September 5, 20	y under the law of which it is incorporated)	(FEI number, if applicable)	
(Date	of incorporation) 5.	(Date of duration, if other than perpe	tual)
i.			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502) Di Real Suite 202, Encinitas, CA 92024		
		office address)	
	(Current mailing	address, if different) .	10
Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	
Name:	Corporation Service Company		The state of the s
Office Address:	1201 Hays Street		
	Tallahassee	32301 . Florida	
	(City)	(Zip code)	73*

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.

Roxenne Turner
Asst. 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:

File	ED
19 JUL 25	PM 11: 40

A. DIRECTORS

nan:	
ss:	Alland See, El CA
hairman:	
S:	
George Scopella	
499 N. El Camino Real, Suite 202. Encinitas, CA 92024	
James Chao r:	
499 N. El Camino Real. Suite 202, Encinitas. CA 92024 s:	
FICERS George Scopetta nt: 499 N. El Camino Real, Suite 202, Encinitas, CA 92024 s:	
N/A	
esident:	
George Scopetta	•
ry: 499 N. El Camino Real, Suite 202, Encinitas, CA 92024	
George Scopetia	
499 N. El Camino Real, Suite 202, Encinitas, CA 92024	
: If necessary, you may attach an addendum to the application listing	ng additional officers and/or directors.

13. George Scopetta

President



ADDENDUM TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

. ADDENDUM TO DIRECTORS

Director:

David Chao

Address:

499 N. El Camino Real, Suite 202, Encinitas, CA 92024



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

DELAWARE, DO HEREBY CERTIFY "WESHAREMD.COM 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-FOURTH DAY OF JULY, A.D.

2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WESHAREMD.COM INC." WAS INCORPORATED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2017.

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





Authentication: 203278364

Date: 07-24-19