12/6/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000353022 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

FOREIGN PROFIT/NONPROFIT CORPORATION Current Health, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

T GLASS

Electronic Filing Menu Corporate Filing Menu

Help DEC 0 9 2019

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

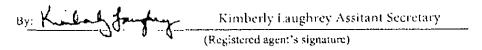
IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(It name unavaila Delaware	ble in Florida, enter alternate corporate nai		pted for the purpose of transacting business in Florida
	under the law of which it is incorporated)	. <u></u>	-1882482 (FEI number, if applicable)
August 7, 2017	under the law of which it is incorporated)		(PET humber, if appreadie)
	of incorporation)	5	(Date of duration, if other than perpetual)
11/20/2019	or meorperation;		(Date of duration, it office than perpetual)
95 Pacific Aven			orida, if prior to registration) F.S., to determine penalty liability)
595 Pacific Aven	(SEE SECTIONS 607.1501 & 60 ie, 4th Floor, San Francisco, CA 94133	7.1502.	F.S., to determine penalty liability)
595 Pacific Aven	(SEE SECTIONS 607.1501 & 60 ie, 4th Floor, San Francisco, CA 94133 (Prin	7.1502.	F.S., to determine penalty liability)
	(SEE SECTIONS 607.1501 & 60 ie, 4th Floor, San Francisco, CA 94133 (Prin	7.1502.	office address) ddress, if different)
	(SEE SECTIONS 607.1501 & 60 ie, 4th Floor, San Francisco, CA 94133 (Prin (Current ma	7.1502.	office address) ddress, if different)
Name and stree	(SEE SECTIONS 607.1501 & 60° ie, 4th Floor, San Francisco, CA 94133 (Print) (Current manual content of Florida registered agent: (7.1502.	F.S., to determine penalty liability) office address) ddress, if different) Box NOT acceptable)
Name and <u>stree</u> Name:	(SEE SECTIONS 607.1501 & 60° ae, 4th Floor, San Francisco, CA 94133 (Print material and the second	7.1502.	F.S., to determine penalty liability) office address) ddress, if different) Box NOT acceptable)

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.

C T Corporation System



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 und/or directors:	
A. DIRECTORS	
Chairman:	
Address:	*****
Vice Chairman:	
Address:	
Director: Christopher McCann	
595 Pacific Avenue, 4th Floor, San Francisco, CA 94133	
Director:	
Address:	
B. OFFICERS	
President: Christopher McCann	
Address: 595 Pacific Avenue, 4th Floor, San Francisco, CA 94133	
	- <u>P</u>
	<u>.</u> :
Vice President:	
Address:	Ŋ
Christopher McCann	
Secretary: 595 Pacific Avenue, 4th Floor, San Francisco, CA 94133	
Address:	
Treasurer: Christopher McCann	
Address: 595 Pacific Avenue, 4th Floor, San Francisco, CA 94133	
NOTE: If necessary, you may attach an addendum to the application listing additional add	tional officers and/or directors.
12.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 abo are true and that he or she is aware that false information submitted in a documen a third degree felony as provided for in s.817.155, F.S.	eve) affirms that the facts stated herein t to the Department of State constitutes
13. Christopher McCann, President and Chief Executive Officer	
(Typed or printed name and capacity of person signing at	pplication)

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CURRENT 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 FIFTH DAY OF DECEMBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

61:2:13 9-3506102

Authentication: 204146901

Date: 12-05-19