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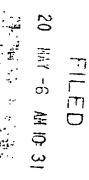
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COVER LETTER

Division of Corporations		
SUBJECT: RxPathways, Inc		
	of corporation	ı - must include suffix
Dear Sir or Madam:		
	of Good Star	Authorization to Transact Business in Florida," and check are submitted to register the ess in Florida.
Please return all correspondence concerni	ing this matte	r to the following:
Jagadesh Rajan		
	Name of	Person
RxPathways Inc		
	Firm/Cor	npany
12231 Sunchase drive		
-	Addr	ess
Jacksonville, FL , 32246		
	City/State a	and Zip code
jagadeshr@rxpathways.net		3-921
E-mail address	: (to be used	for future annual report notification)
For further information concerning this m	atter, please	· · · · · · · · · · · · · · · · · · ·
jagadesh Rajan	904	
Name of Person	Area Coc	c Daytime Telephone Number ω
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amore Please make check payable to: FLORIDA DI \$70.00 Filing Fee \$78.75 Filin Certificate of	EPARTMENT g Fee & - f	TOF STATE \$78.75 Filing Fee & □ \$87.50 Filing Fee. Certified Copy □ Certificate of Status Certified Copy

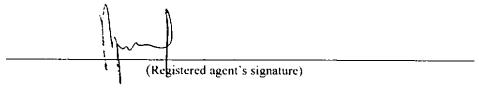
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

RxPathways, I	Inc				
	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	O," "COMPANY," "CORPORATION	, ,		
(If name unavai	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting	business in Florida)		
Delaware	3	81-2495985	1-2495985		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)			
Nov 19th 2019	e (revoked) original incorp 04-29-16				
(Date	of incorporation)		(Date of duration, if other than perpetual)		
Na 5.					
. 12231 Sunchas	e drive, Jacksonville, FL , 32246 (Principal of	fice <u>street</u> address)	20 #		
	(Current maili	ng address, if different)	4 -		
3. Name and <u>stree</u> Name:	et address of Florida registered agent: (P. Jagadesh Rajan		<u> </u>		
	et address of Florida registered agent: (P. Jagadesh Rajan 12231 Sunchase drive	O. Box <u>NOT</u> acceptable)			
Name:	et address of Florida registered agent: (P. Jagadesh Rajan				

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.



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.

A. DIRECTORS jagadesh rajan Chairman Name: □ Chairman Name: _____ 12231 sunchase drive, □Vice Chairman Address: □Vice Chairman Address: Jacksonville, FL ,32246 **■**Director □ Director □President □ President □Vice President □Vice President ☐ Secretary □Treasurer □ Secretary □ Treasurer □Other _____ □Other □Other ____ Other □ Chairman Name: Chairman Name: ____ □Vice Chairman Address: □Vice Chairman Address: Rajeswari Jagadesh Director □ Director 12231 Sunchase drive. □President □President Jacksonville, FL 2246 □Vice President □ Vice President □ Secretary [] Treasure ☐ Treasurer □ Secretary □Other ______ □Other _____ □Other ____ □Őther □ Chairman Name: □ Chairman Name: □Vice Chairman Address: _____ ☐ Vice Chairman Address: _____ Niveditha Jagadesh Director □ Director 12231 Sunchase drive □President □President Jacksonville, FL 32246 ☐ Vice President □Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer ☐Other _____ ☐Other _____ □Other ______ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

Jagadesh Rajan



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RXPATHWAYS, 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 APRIL, A.D. 2020.

Authentication: 202825922

Date: 04-24-20