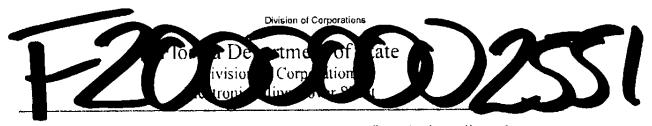
6/8/2020



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.

(((H200001730513)))



H200001730513ABCT

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 : (954)208-0845 Fax Number

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

Email I	Address:			
C10124 T T	MUUI COO.	_	 	

FOREIGN PROFIT/NONPROFIT CORPORATION CARELINX INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Hallow 1 0 2020

T GLASS

1/1

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. CARELINX INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 800714936 (FEI number, if applicable) (State or country under the law of which it is incorporated) 04/25/2011 (Date of duration, if other than perpetual) (Date of incorporation) 05/04/2020 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty fiability) 1350 Old Bayshore Hwy Ste 850 Burlingame CA 94010 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation, (City) 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 CHINGHNIKEVA Assistant Socretary (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:

	SCTORS Sherwin Sheik	
Chairman.	1350 Old Bayshore Hwy, Suite 850	
Address.	Burlingame, CA 94010	
Vice Chai	rman;	
Address:		
Director:	Chris Carmeelli	
	1350 Old Bayshore Hwy, Suite 850	
71407033.	Burlingame, CA 94010	
Director:	Andrea Fiorani	
Address:	1350 Old Bayshore Hwy, Suite 850 , Burlingame, CA 94010	
B. OFF	ICERS Sherwin Sheik	- 1 V - 2
President:	1350 Old Bayshore Hwy, Suite 850	:
Address:	Burlingame, CA 94010	ට <u>මු</u>
Vice Pres	ident:	
Address;		
Secretary	Tarik Ajami	
Address:	(270 OLD Barel and Dec. Co.) (600 Dec. Dec. Co.) (74 04010	
Treasurer	Ken Voss	<u> </u>
Address	1350 Old Bayshore Hwy, Suite 850, Burlingame, CA 94010	
She	If necessary, you may attach an addendum to the application listing additional officers and with Shelk	l/or directors.
are true a	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Departme egree felony as provided for in s.817.155, F.S. Sherwin Sheik / President (Typed or printed name and capacity of person signing application)	ne facts stated herein nt of State constitutes
	(Typed or princed name and capacity or person signing appreciation)	

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CARELINX 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 SEVENTH DAY OF MAY, A.D. 2020.

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.

at corp.delaware.gov/auth

Authentication: 202897416

Date: 05-07-20