Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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

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## FOREIGN PROFIT/NONPROFIT CORPORATION

Doximity, Inc.

Certificate of Status	U
Certified Copy	1
Page Count	04
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M. SOLOMON

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# 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.

Doximity, Inc.				
(Enter name of co	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "CO	MPANY," "CORPORATION,"	
(If name unavaila Delaware	ble in Florida, enter alternate corporate nan	27-24	85512	
(State or country	under the law of which it is incorporated)		(FEI number, if applicab	le)
04/16/201	0	5		
	•		(Date of duration, if other than p	erpetual)
Doximity, Inc.	(SEE SECTIONS 607,1501 & 607, 500 3rd Street, Suite 510, (Prin	San Fran		
	(Current ma	niling add	ress. if different)	7m
R. Name and <u>stree</u> Name:	et address of Florida registered agent: ( C T Corporation System	(P.O. Bo	x <u>NOT</u> acceptable)	(p. 12) 2. 77 32. 40 37. 42
, variic.	1200 South Pine Island Road			1 15
Office Address:	Plantation,		33324 . Florida	44. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	(City)		(Zip code)	<del>.</del>

### 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, 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

By: Kimberly Laughrey, Assistant Secretary
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdicti-under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

Charrism	500 3rd Street, Suite 510, San Francisco, CA 94107		
Address:	Jan Stu Succe, Suite Program Francisco, Cre Program		
			-
Director	Kevin Spaln		
Address:	500 3rd Street, Suite 510, San Francisco, CA 94107		
Director:	Kira Wampler		
Address:	500 3rd Street, Suite 510, San Francisco, CA 94107	<del>-</del>	
ro:	Gil Kliman .		
	500 3rd Street, Suite 510, San Francisco, CA 94107		
B. OFF	Jeffrey Tangney	产 (yh)	2020 AUG
	500 3rd Street, Suite 510, San Francisco, CA 94107	27 E	-7
Audiess.		<u>역</u>	<b>=</b>
Vice Pres	sident:	m -	<u>ب</u> ــــــــــــــــــــــــــــــــــــ
		<del>-</del> -	(D)
Secretary			<del></del>
Address:			<del>.</del>
Treasure	r:	_	
Address:	If necessary, you may attach to addsordum to the application listing additional officers and/or	directors	
	Suprantice of Director of Officer		
are true a third o	icer or director agning this document (and who is listed in number 11 above) affirms that the far and that he or she is aware that false information submitted in a document to the Department of legree felony as provided for in s.817.155, F.S. Trey Tangney	icts stated f State co	l herei nstitu

(Typed or printed name and capacity of person signing application)



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

DELAWARE, DO HEREBY CERTIFY "DOXIMITY, 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 TENTH DAY OF JULY, 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.

Authentication: 203259290

Date: 07-10-20