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(Requestor's Name)				
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COVER LETTER

Ahead Colorado Medical F SUBJECT:				
Nam	e of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign 6 "Certificate of Existence." or "Certifica above referenced foreign corporation to	ne of Good Stand	ling" and check are submitt		
Please return all correspondence concer Karim Emami	ning this matter	to the following:		
Ahead Colorado Medical PC	Name of I	erson		
Anead Colorado Medical FC				
1700 S Amphlett Blvd, Suite 221.	Firm/Comp	pany		
San Mateo, CA 94402	Addre	ss		
legal@helloahead.com	City/State an	id Zip code	. 565a .	
E-mail addre	ess: (to be used fo	or future annual report notif	ication)	
For further information concerning this	matter, please ca	all:	10	
Karim Emami	855 at (306-7786)	: 52 Wombor	
Name of Person	Area Code	Daytime Telephone	Number 2	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Section Division of Corpo P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following ar Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 Fil Certificate	DEPARTMENT ing Fee &		i \$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.

	orporation: must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	
Ahead Colorado	Medical Professional Corporation		
Colorado		85-1267984	
(State or country under the law of which it is incorporated) 6/3/2020			
5 5		(Date of duration, if other th	an perpetual)
1700 S Amphlett	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 Blvd. Suite 221. San Mateo, CA94402 (Principal offic Blvd. Suite 221. San Mateo, CA94402	02. F.S., to determine penalty liability	······································
	(Current mailing	address, if different)	2020
. Name and <u>stree</u> Name:	t address of Florida registered agent: (P.O. Corporation Service Company	Box NOT acceptable)	. 10
Office Address:	1201 Hays Street		~-; :
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		32301 Florida	6:10
Having been nam lesignated in this further agree to co	ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re with and accept the obligations of my pos	ent as registered agent and agree lative to the proper and complete	to act in this capacity.
	Aurora Herr	ıra	
_	(Registered agent's sig		

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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

cuSign Envelope ID: 59D2F99A-857C-4E5D-B9A0-5D2D270140C9 A. DIRECTORS Mark Elliott □ Chairman □ Chairman Name: Name: 1700 S Amphlett Blvd. Suite 221 ☐ Vice Chairman Address: □ Vice Chairman Address: _____ San Mateo, CA 94402 □ Director □Director ■ President □President □Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Name: □ Chairman □Chairman ☐ Vice Chairman Address: □Vice Chairman Address: Director ☐ Director □ President □President □ Vice President _____ ☐ Vice President □Treasurer ☐ Secretary □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman Name: □ Chairman Name: _____ □Vice Chairman Address: _____ Address: □Vice Chairman □Director ☐ Director رن □President □President □Vice President _____ □Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer Other _____ □Other _____ □ Other _____ Other

<u>Important Notice:</u> 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.

Mark Elliott - President

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Ahead Colorado Medical PC

is a

Corporation

formed or registered on 06/03/2020 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20201493620.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/22/2020 that have been posted, and by documents delivered to this office electronically through 06/23/2020 @ 17:05:38.

Thave affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/23/2020 @ 17:05:38 in accordance with applicable law. This certificate is assigned Confirmation Number 12422623



Secretary of State of the State of Colorado

****************End of Certificate******

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us.btz.CertificateSearchCisteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us.chck."Businesses, trademarks, trade names" and select "Frequently Asked Questions."