

3/26/2021

Division of Corporations

F2100001736
Florida Department of State
Division of Corporations
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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.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Clarify Health Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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AND
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2021 MAR 26 PM 2:38

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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.

1. Clarify Health Solutions, 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)

2. Delaware 3. 47-5611020
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/12/2015 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 75 Hawthorne Street 4th Floor, San Francisco, CA 94114
(Principal office address)

same
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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

Tammy Tofteroo, VP

By: Tammy Tofteroo
(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.

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

A. DIRECTORS *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS *SEE ATTACHMENT*

President: Todd Gottula

Address: 75 Hawthorne Street 4th Floor

San Francisco, CA 94114

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

~~NOTE: If necessary,~~ you may attach an addendum to the application listing additional officers and/or directors.

1. Todd Gottula

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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.

Todd Gottula, President

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

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**Attachment to Florida
Officers & Directors**

- 1 Full Name: Manisha Gulati
Officer/Director: Officer
Officer's Title: COO
Director's Title:
Business Address: 75 Hawthorne Street 4th Floor
City: San Francisco
State: CA
ZIP Code: 94114
- 2 Full Name: Jean Drouin
Officer/Director: Officer, Director
Officer's Title: CEO
Director's Title: Director
Business Address: 75 Hawthorne Street 4th Floor
City: San Francisco
State: CA
ZIP Code: 94114
- 3 Full Name: Todd Gottula
Officer/Director: Officer, Director
Officer's Title: President
Director's Title: Director
Business Address: 75 Hawthorne Street 4th Floor
City: San Francisco
State: CA
ZIP Code: 94114
- 4 Full Name: David Grayce
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 75 Hawthorne Street 4th Floor
City: San Francisco
State: CA
ZIP Code: 94114
- 5 Full Name: Ali Satvat
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 75 Hawthorne Street 4th Floor
City: San Francisco
State: CA
ZIP Code: 94114
- Full Name: Johnny Kim
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 75 Hawthorne Street 4th Floor
City: San Francisco
State: CA
ZIP Code: 94114

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State: CA
ZIP Code: 94114

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLARIFY HEALTH SOLUTIONS, 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 EIGHTEENTH DAY OF MARCH, A.D. 2021.

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.



James Tanks III
Jeffrey W. Bullock, Secretary of State

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You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202765116

Date: 03-18-21