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(((H21000163356 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I20000000088

Phone : (800)221-0102

Fax Number : (800)944-6607

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 MARPAI, INC.

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Please keep original file date of 4/23/21

/ To:

April 26, 2021

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

COGENCY GLOBAL INC

SUBJECT: MARPAI INC REF: W21000057150

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II FAX Aud. #: H21000163356 Letter Number: 921A00008612

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.

Marpai, Inc.			
	orporation; must include "INCORPORATED," or "Corp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORAT	ION."
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transa	ecting business in Florida)
Delaware 2.	3 8	(FEI number, i	
(State or country	y under the law of which it is incorporated)	(FEI number, i	if applicable)
January 22, 202	1 5.		
	of incorporation) 5	(Date of duration, if of	her than perpetual)
6. April 1, 2021			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		
5701 East Hillsbo	brough Ave., Suite 1417, Tampa, FL 33610		
·		street address)	
- 111	(Current mailing	address, if different)	
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Cogency Global		
Office Address:	115 North Calhoun Street, Suite 4		
	Tallahassee	Florida 32301	. 1
	(City)	, Florida 32301 (Zip code)	2
9. Registered ago			
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service application. I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posi	ent as registered agent and lative to the proper and con	agree to act in this capacity. In plete performance of my duti
	/S/ Jacqueline Almeida, Assistant	t Secretary	, Arr CR
	(Registered agent's sig	nature)	

^{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.

05/04/2021 10:09 AM Page: 5 of 6 From: Jacqueline Almeida* Fax: 18302210102 Fax: (850) 617-6383 DocuSign Envelope ID: 22AFD3CF-FBB4-491E-ABCB-F6E67C3C7F7A A. DIRECTORS Edmundo Gonzalez Name: ___ □ Chairman Name: _____ □ Chairman 5701 East Hillsborough ave, Suite 1417 □Vice Chairman Address: ______ ☐ Vice Chairman Address: Tampa, FL 33610 ■ Director Director □President □ President □Vice President □Vice President _____ □Treasurer □ Secretary □Treasurer ■ Secretary CEO □Other _____ □Other _____ Other ` ☐ Other _____ Yaron Eitan Name: _ Name: ______ □ Chairman ☐ Chairman □ Vice Chairman Address: ______ ☐ Vice Chairman Address: Director Director □President □ President ☐ Vice President □ Vice President ______ ☐ Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Name: ______ Name: _____ □ Chairman □ Chairman □Vice Chairman Address: □Vice Chairman Address: _____ □ Director Director □President □President ☐ Vice President □ Vice President ______ Treasurer ☐ Secretary □Treasurer □ Secretary □Other _____ □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. Edmundo Gonzalez

Delaware The First State

To:

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MARPAI, 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-SIXTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARPAI, INC."

WAS INCORPORATED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202834282

Date: 03-26-21