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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

FOREIGN PROFIT/NONPROFIT CORPORATION ICARE ACQUISITION, INC.

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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.

iCare Acquisition			
(Enter name of co	rporation; must include "INCORPORATED, rp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
		1 Control of Control o	es in Florida)
(If name unavaila)	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	SS III I fortda)
Delaware	3.	84-3547501	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
		D	
(Date	of incorporation)	(Date of duration, if other than per	petual)
Linon Qualiticati	OD		
	(Date first transacted business	IT-ide if using to pagistration)	_
	(Date first transacted business) (SFE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability)	
1515 Sunset Drive	Suite 32, Miami, FL 33143	•	
		1.60	`
		pal office address)	
1515 Sunset Driv	e, Suite 32, Miami, FL 33143		
	(Current mail	ing address, if different)	
Name and stree	t address of Florida registered agent: (P	O. Box NOT acceptable)	
	Corporation Service Company		•
Name:		- 	. '
ffice Address:	1201 Hays Street		
filee , fatti co	Tallahassee	, Florida	
	(City)	(Zip code)	
		•	
. Registered ago	ent's acceptance:		omation at the m
aving been nam	ed as registered agent and to accept ser	vice of process for the above stated corp tment as registered agent and agree to a	ct in this capac
esignated in this vether agree to c	application, I nereby accept the appoint	relative to the proper and complete per	formance of my
uties, and I am f	amiliar with and accept the obligations	of my position as registered agent.	
,		C. Albertania and a second	
	्यूनिक वे प्रवेशक विश्वेष	C. Vistania and a second	
_	(Pagistare)	i 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:

1	
_	515 Sunset Drive, Suite 32, Miami, FL 33143
_	
	Roberto Canto
l -	515 Sunset Drive, Suite 32, Miami, FL 33143
	Patrick Kuiper
_ 1	.515 Sunset Drive, Suite 32, Miami, FL 33143
_	
- 5	Sidney Stern, 1515 Sunset Drive, Suite 32, Miami, FL 33143
1	ee Stern, 1515 Sunset Drive, Suite 32, Miami, FL 33143
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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ICARE ACQUISITION, 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 MAY, 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 SAID "ICARE ACQUISITION, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2019.

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

Authentication: 203298972

Date: 05-26-21

7657296 8300 SR# 20212117039