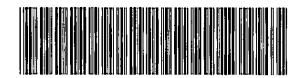
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	Synchronicity Health Technolo	gy, Inc.		
30000011	Name of	corporation - n	nust include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corp of Existence." or "Certificate on need foreign corporation to trans	f Good Standin	g" and check are subr	
Please return	all correspondence concerning	g this matter to	the following:	
Amanda L. W	aesch			
		Name of Per	son	
Brennan, Man	na & Diamond, LLC			
		Firm/Compa	ייָי	—
75 East Marke	et Street			
		Address		
Akron, OH 44	308			
		City/State and	Zip code	,
alwaesch@bn				
	E-mail address:	(to be used for	future annual report n	otification)
For further in	formation concerning this ma	tter, please call	:	
Tracy R. Mille	er, Paralegal	.t (330	253-5060 ext. 105	
Nam	ne of Person	Area Code	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amount to: FLORIDA DEI ling Fee \$78.75 Filing Certificate of	PARTMENT O Fee & □ \$	F STATE 78.75 Filing Fee & Certified Copy	S87.50 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.

ealth Technology, Inc. orporation; must include "INCORPORATED."	COMPANY " "CORPORATION	<u> </u>
	committee contonation	٠,
· · · · · · · · · · · · · · · · · · ·		
·	, .	•
Delaware 3. 81-4525975		
y under the law of which it is incorporated)	(FEI number, if ap	plicable)
5.		
of incorporation)	(Date of duration, if other than perpetual)	
(Date first transacted business in F	lorida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty liabili	ty)
. #11665, Houston, TX 77002		
(Principal office	street address)	
(Current mailing a	iddress, if different)	
		77
t address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	22 7
Corporation Service Company		2022 HAR 16 SECRETYRY
1201 Union Strand	_	AS: AS: 16
1201 mays succi	_	HAR 16 PH 12: 43 CRETYRY OF STATE LAHASSEE FLORIDA
Tallahassee	32301	न्ते 🍱
Tallahassee	Florida	F10 75
	orp," "Inc," "Co," or "Corp.") able in Florida, enter alternate corporate name additional states and standards and standards and standards of Florida registered agent: (P.O. Instance of P.O. I	able in Florida, enter alternate corporate name adopted for the purpose of transaction 3. 81-4525975 y under the law of which it is incorporated) (FEI number, if ap 5. (Date of duration, if other to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability. #11665. Houston, TX 77002 (Principal office street address) (Current mailing address, if different) t address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company

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.

	on Service Company				
By:	Linda J. Snook, Asst. V.P.				
(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.

A. DIRECTORS

Chairman	Name:	□ Chairman	Jakob Kohl Name:
□Vice Chairman	945 McKinney St., #11665 Address: Houston, TX 77002	□ Vice Chairman	945 McKinney St., #11665 Address: Houston, TX 77002
Director		□Director	
■ President		□President	
		□Vice President	
■ Secretary	□ Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other CEO	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□ Vice President	
□Secretary	□ Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	Other
□ Chairman	Name:	□Chairman	Name:
□ Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	☐ Treasurer
□Other	Other	□Other	Other
individuals may be		artment of State Annual Re	eport form.
the officer or dife	ctor signing this document (and who is listed in n	umber (1 above) affirms th	at the facts stated herein are true and that he or

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 of 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.



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

DELAWARE, DO HEREBY CERTIFY "SYNCHRONICITY HEALTH TECHNOLOGY, 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 SECOND DAY OF MARCH, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYNCHRONICITY HEALTH TECHNOLOGY, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2016.

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

Authentication: 202801700

Date: 03-02-22