

F220000044/81

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

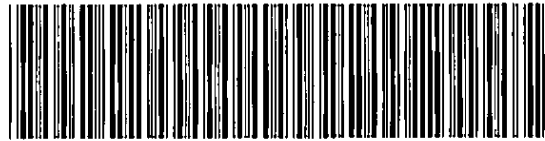
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 JUL 18 PM 3:15

RECEIVED

2022 JUL 18 PM 3:12

CLERK OF SUPERIOR COURT

S. FRANKLIN
JUL 19 2022

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 07/18/2022

****WALK IN****

ENTITY NAME CAREPATHRX MIDCO, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXX

Plain Copy

Certified Copy

Certificate of Status

2022.07.18 PM 5:15

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70

ACCOUNT #: I20160000072

S. R. J. M.

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAREPATHRX MIDCO, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Makenzie Zuern

Name of Person

CAREPATHRX MIDCO, INC.

Firm/Company

7525 SE 24th St, Suite 330

Address

Mercer Island, WA 98040

City/State and Zip code

MAKENZIE.ZUERN@CAREPATHRXLLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Twila Whitley, Assistant Secretary

at (800) 567-4397

Name of Person

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$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.*

1. CAREPATHRX MIDCO, 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. 84-3548586
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/29/2019 5. 01/01/2022
(Date of incorporation) (Date of duration, if other than perpetual)
6. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 7525 SE 24th St, Suite 330 Mercer Island, WA 98040
(Principal office street address)

(Current mailing address, if different)

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

Name: URS Agents, LLC

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(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.


(Registered agent's signature)

Georgina Vega, Asst. Secretary

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

A. DIRECTORS

☐ Chairman Name: JOHN FIGUEROA

☐ Vice Chairman Address: 7525 SE 24TH ST, SUITE 330

☐ Director MERCER ISLAND, WA 98040

☒ President CEO

☐ Vice President

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: VICTOR BREED

☐ Vice Chairman Address: 7525 SE24TH ST, SUITE 330

☐ Director MERCER ISLAND, WA 98040

☐ President

☐ Vice President

☐ Secretary ☐ Treasurer

☒ Other CFO ☐ Other

☐ Chairman Name:

☐ Vice Chairman Address:

☐ Director

☐ President

☐ Vice President

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name:

☐ Vice Chairman Address:

☐ Director

☐ President

☐ Vice President

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name:

☐ Vice Chairman Address:

☐ Director

☐ President

☐ Vice President

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name:

☐ Vice Chairman Address:

☐ Director

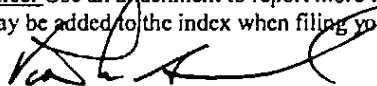
☐ President

☐ Vice President

☐ Secretary ☐ Treasurer

☐ 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.

12. 
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.

13. VICTOR BREED, CFO
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAREPATHRX MIDCO, 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 THIRTEENTH DAY OF JULY, A.D. 2022.

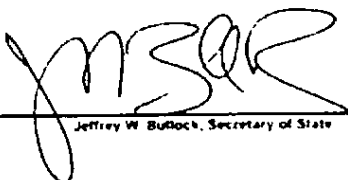
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAREPATHRX MIDCO, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2019.

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

2022 JUL 18 PM 5:15




Jeffrey W. Bullock, Secretary of State

7677834 8300

SR# 20222980431

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

Authentication: 203908239

Date: 07-13-22