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PICK-UP	WAIT MAIL
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S. FRANKLIN

SFP 1 5 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195		
REFERENCE : 90288810 8267269		
AUTHORIZATION :		
COST LIMIT : \$ 70.00		
ORDER DATE : September 8, 2022		
ORDER TIME : 10:21 AM		
ORDER NO. : 932883-001	137	
CUSTOMER NO: 8267269	3 1131	
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FOREIGN FILINGS		
NAME: ACTRIV HEALTHCARE INC		
XXXX QUALIFICATION (TYPE: CO)		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		

EXAMINER:

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.

	THCARE INC		
f name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting bus	iness in Florida)
Washington			
(State or country under the law of which it is incorporated)			
05/02/2017	of incorporation) 5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in F		
	(SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine penalty liability)	
650 S CEDAR S	ST TACOMA WA 98400		
	ST, TACOMA, WA 98409		
	(Principal office	street address)	
		street address)	
	(Principal office	street address) address, if different)	
	(Principal office	address, if different)	
	(Principal office	address, if different)	
	(Principal office	address, if different)	202
Name and stree	(Principal office) (Current mailing) et address of Florida registered agent: (P.O.)	address, if different)	7022 Sin
Name and <u>stree</u> Name:	(Principal office (Current mailing of the standards of Florida registered agent: (P.O.) Corporation Service Company	address, if different) Box NOT acceptable)	2022 55 - 15
Name and <u>stree</u> Name:	(Principal office (Current mailing et address of Florida registered agent: (P.O.) Corporation Service Company 1201 Hays Street	address, if different)	2022 St. 15 1 10

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]:

(Registered agent's signature)

Corporation Service Company

□ Chairman Name: Allan Njoroge 3650 S CEDAR ST Address: □ Director TACOMA, WA 98409			
□Vice Chairman Address: □Director TACOMA, WA 98409	□Vice Chairman	Address:	
TACOMA, WA 98409			
TACOMA, WA 98409	□ Director		
	President		
□Vice President	□Vice President		
□ Secretary □ Treasurer	☐ Secretary		□Treasurer
CEO 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		☐Treasur e r
□ Other □ Other	Other		Other
			1977
□Chairman Name:	Chairman	Name:	· · · · · · · · · · · · · · · · · · ·
□Vice Chairman Address:	Vice Chairman	Address:	- سر. ن ا
□ Director	□ Director		<u> </u>
□ President	□ President		<u>5</u>
□Vice President	□ Vice President	 	52
□ Secretary □ Treasurer	□Secretary		□Treasurer
□Other □Other	Other		Other
Important Notice: Use an attachment to report more individuals may be added to the index when filing you	ur Florida Department of State Annual Ro	d for reporting proof form.	purposes only. Non-indexed
Si	gnature of Director or Officer	- 	
The officer or director signing this document (and w she is aware that false information submitted in a do s.817.155, F.S. Allan Njoroge - CEO	no is listed in number 11 above) affirms the nument to the Department of State constitution.	at the facts state ites a third degr	ed herein are true and that he or ee felony as provided for in





Secretary of State

1, STEVE R. HOBBS. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ACTRIV HEALTHCARE, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/02/2017.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

1 FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> Issued Date: 09/09/2022

UBI Number: 604 119 391



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

the R Hohlie

Steve R. Hobbs, Secretary of State

Date Issued: 09/09/2022