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S. FRANKLIN SFP 23 2022

COVER LETTER

то:	Registration Section Division of Corporations			
	Thread Medical, Inc.			
SUBJ	ECT:			
., 6 130	Name	of corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to t	of Good Stan	ding" and check are submi	
Please Brian F	return all correspondence concern Jaherty	ing this matter	to the following:	
		N. Laurence and P.	D	
Thread	Medical, Inc.	Name of	rerson	ج) :
		12:		
206 E I	Auron St	Firm/Com	pany	o T.
-		Addre		
Ann Ar	bor, MI 48104			F. 37
hrian@	threadmedical.com	City/State a	nd Zip eode	
	E-mail address	s: (to be used f	or future annual report not	ification)
For fu	ther information concerning this n	natter, please c	all:	
Brian F	laherty		634-2715	
	Name of Person	Area Code	Daytime Telepho	ne Number
>	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303		→ MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
Please i	ed is a check for the following amomake check payable to: FLORIDA D :00 Filing Fee	EPARTMENT g Fee &		 \$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.

Thread Health,	Inc. or Thread Health Analytics, Inc.		
(If name unavail	lable in Florida, enter alternate corporate name	e adopted for the purpose of transacting busin	ess in Florida)
Delaware	3	NA	
8/8/2022	ry under the law of which it is incorporated)	NA	
(Date	5 of incorporation)	(Date of duration, if other than per	rpetual)
NA	•	,	,
		in Florida, if prior to registration) 1502. F.S., to determine penalty liability)	1827
	(Principal of	fice street address)	
NA			16
	(Current mail	ing address, if different)	-5
Name and <u>stre</u> Name:	(Current mail: et address of Florida registered agent: (P. Jayaram Brindala		
Name:	et address of Florida registered agent: (P.		-7:
Name:	et address of Florida registered agent: (P. Jayaram Brindala 2351 Alaqua Dr Longwood	O. Box <u>NOT</u> acceptable)	-7:
Name:	et address of Florida registered agent: (P. Jayaram Brindala 2351 Alaqua Dr Longwood	O. Box NOT acceptable)	-7:
Name: ffice Address: Registered ag faving been nan esignated in this arther agree to c	et address of Florida registered agent: (P. Jayaram Brindala 2351 Alaqua Dr Longwood	O. Box NOT acceptable) 32779 Florida (Zip code) vice of process for the above stated corporation as registered agent and agree to acceptative to the proper and complete perfe	oration at the part in this capac
Name: ffice Address: Registered ag aving been nan esignated in this arther agree to c	et address of Florida registered agent: (P. Jayaram Brindala 2351 Alaqua Dr Longwood (City) ent's acceptance: med as registered agent and to accept serve application, I hereby accept the appoint comply with the provisions of all statutes	O. Box NOT acceptable) 32779 Florida (Zip code) vice of process for the above stated corporation as registered agent and agree to acceptative to the proper and complete perfe	oration at the part in this capac

10. Attached is a <u>certificate of existence</u> 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.

DocuSign Envelope ID: 869AA1D5-1A4D-422C-A134-E28ACA9AB6EC A: DIRECTORS Brian Flaherty Name: _ ■Chairman □ Chairman Name: ____ 17719 Golfview St. □Vice Chairman Address: ☐Vice Chairman Address: _____ Livonia, MI 48152 ■ Director □Director □President President □ Vice President ☐ Vice President □ Secretary ☐ Treasurer □Treasurer □ Secretary 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 ☐ Treastirer ☐ Secretary □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 _____

<u>Important Notice:</u> 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.

Brian Flakery

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.

Brian Flaherty



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

DELAWARE, DO HEREBY CERTIFY "THREAD MEDICAL, 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 EIGHTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THREAD MEDICAL, INC." WAS INCORPORATED ON THE EIGHTH DAY OF AUGUST, A.D. 2022.

7823 C . 16 F. 4. 1.



Authentication: 204340150

Date: 09-08-22

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SR# 20223463178