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(R	requestor's Name)				
(A	ddress)				
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(0	Sity/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(B	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					





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2022 OCT -3 PH 3: 19

S. FRANKLIN

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Klara Technologies Ir	c.		
	Name of corporation - i	nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fore "Certificate of Existence," or "Certabove referenced foreign corporations."	ificate of Good Standin	ng" and check are submitted to re	
Please return all correspondence co	oncerning this matter to	the following:	
Patrick Horan			
	Name of Pe	rson	
Modernizing Medicine			
	Firm/Compa	ny	
4850 T-Rex Ave., Suite 200			2022 05.7
	Address		1
Boca Raton, FL 33431			ယ်
	City/State and	Zip code	PII
patrick.horan@modmed.com			<u>ب</u>
E-mail a	iddress: (to be used for	future annual report notification) 9
For further information concerning	this matter, please call	:	
Patrick Horan	754 at (ode Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephone Numb	per
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	
ū	IDA DEPARTMENT O 5 Filing Fee &	78.75 Filing Fee & S87.: Certified Copy Cert	50 Filing Fee, ificate of Status & ified 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name ac			
Delaware	3.	6-5131250		
(State or countr	y under the law of which it is incorporated)	46-5131250 (FEI number, if applicable)		
March 10, 2014				
(Date	of incorporation)	(Date of duration, if other than	(Date of duration, if other than perpetual)	
February 8, 202	2			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 Court, Suite 225, Boca Raton, FL 33431	•		
4700 Exchange ((SEE SECTIONS 607.1501 & 607.150 Court. Suite 225, Boca Raton, FL 33431 (Principal office	•	F-2	
4700 Exchange C	(SEE SECTIONS 607.1501 & 607.150 Court. Suite 225, Boca Raton, FL 33431 (Principal office ., Suite 200, Boca Raton, FL 33431	2, F.S., to determine penalty liability)	2012 057	
4700 Exchange C 4850 T-Rex Ave	(SEE SECTIONS 607.1501 & 607.150 Court. Suite 225, Boca Raton, FL 33431 (Principal office ., Suite 200, Boca Raton, FL 33431	2, F.S., to determine penalty liability) street address) address, if different)	2072 057 -3	
4700 Exchange C 4850 T-Rex Ave	(SEE SECTIONS 607.1501 & 607.150 Court. Suite 225, Boca Raton, FL 33431 (Principal office ,, Suite 200, Boca Raton, FL 33431 (Current mailing	2, F.S., to determine penalty liability) street address) address, if different)	20/205T -3 PH	
4700 Exchange C 4850 T-Rex Ave	(SEE SECTIONS 607.1501 & 607.150 Court. Suite 225, Boca Raton, FL 33431 (Principal office , Suite 200, Boca Raton, FL 33431 (Current mailing et address of Florida registered agent: (P.O.	2, F.S., to determine penalty liability) street address) address, if different)	20/200T -3 PH 3: 19	
4700 Exchange C 4850 T-Rex Ave Name and street Name:	(SEE SECTIONS 607.1501 & 607.150 Court. Suite 225, Boca Raton, FL 33431 (Principal office, Suite 200, Boca Raton, FL 33431 (Current mailing et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street	2, F.S., to determine penalty liability) street address) address, if different)	2072 OCT -3 PH 3: 19	

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.



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:	□Chairman	Name:				
□Vice Chairman	Address: 4850 T-Rex Ave., Suite 200	□Vice Chairman	Address: 4850 T-Rex Ave., Suite 200				
Director	Boca Raton, FL 33431	□Director	Boca Raton, FL 33431				
□President		President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
Other CEO	Other	Other (COC)	□Other				
□Chairman	Name:	□ Chairman	Name:				
	4850 T-Rex Ave., Suite 200		Address: 4850 T-Rex Ave., Suite 200				
□Director	Boca Raton, FL 33431	□Director	Boca Raton, FL 33431				
□President		□President					
■ Vice President		■ Vice President					
□Secretary	□Treasurer	Secretary	□Treasurer				
Other	Other	■Other					
			ယ်				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address: 4850 T-Rex Ave., Suite 200	□Vice Chairman	بن Address:				
□Director	Boca Raton, FL 33431	Director					
□President		□President					
□Vice President		□ Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
Other CMSO	Other	Other	Other				
individuals may be	Use an attachment to report more than six (6). The an added to the index when filing your Florida Depart	tment of State Annual Re	port form.				
12. Thank I like 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 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.

Mark Fleisher, Senior Executive Vice President and General Counsel

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KLARA TECHNOLOGIES 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 THIRTIETH DAY OF SEPTEMBER, 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 "KLARA

TECHNOLOGIES INC." WAS INCORPORATED ON THE TENTH DAY OF MARCH, A.D.

2014.

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

-

Authentication: 204520379

Date: 09-30-22