

10/28/22, 3:24 PM

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
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Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Legato Health Technologies U.S., Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

S. FRANKLIN
OCT 31 2022

DocuSign Envelope ID: 4DE48C7E-08FD-4AA3-B58B-FF5DC34DB0D2

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. Legato Health Technologies U.S., 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. Indiana 3. 87-2164713
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/30/2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 220 Virginia Avenue, Indianapolis, IN 46204
(Principal office street address)

(Current mailing address, if different)

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

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 33324
(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.

C.T. Corporation System

By:

(Registered agent's signature)

Jeanne Nelson

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]:

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A. DIRECTORS

☐ Chairman Name: Penczek, Ronald William

☐ Vice Chairman Address: 220 Virginia Avenue, Indianapolis, IN 46204

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Wagner, Jay Harry

☐ Vice Chairman Address: 220 Virginia Avenue, Indianapolis, IN 46204

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Kiefer, Kathleen Susan

☐ Vice Chairman Address: 220 Virginia Avenue, Indianapolis, IN 46204

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Scher, Vincent Edward

☐ Vice Chairman Address: 220 Virginia Avenue, Indianapolis, IN 46204

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Noble, Eric Kenneth

☐ Vice Chairman Address: 220 Virginia Avenue, Indianapolis, IN 46204

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other Asst Treasurer

☐ Chairman Name: Puri, Rajat Rajpal

☐ Vice Chairman Address: 740 W. Peachtree St. NW, Atlanta, GA 30308

☐ Director _____

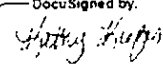
☐ President _____

☐ 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 attachments will not be included in the index when filing your Florida Department of State Annual Report form.

DocuSigned by:

 342591247418444

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. Kathleen S. Kiefer, Secretary

(Typed or printed name and capacity of person signing application)

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Legato Health Technologies U.S., Inc.

Exhibit A

Name	Title	Role Start
Penczek, Ronald William 220 Virginia Avenue, Indianapolis, IN 46204	Director	7/1/2021
Puri, Rajat Rajpal 740 W. Peachtree St. NW, Atlanta, GA 30308	Director	7/1/2021
Wagner, Jay Harry 220 Virginia Avenue, Indianapolis, IN 46204	Director	7/1/2021
Puri, Rajat Rajpal 740 W. Peachtree St. NW, Atlanta, GA 30308	President	7/1/2021
Kiefer, Kathleen Susan 220 Virginia Avenue, Indianapolis, IN 46204	Secretary	7/1/2021
Scher, Vincent Edward 220 Virginia Avenue, Indianapolis, IN 46204	Treasurer	7/1/2021
Noble, Eric Kenneth 220 Virginia Avenue, Indianapolis, IN 46204	Assistant Treasurer	7/1/2021
Miller, Jeffrey Weston 21215 Burbank Blvd., Woodland Hills, CA 91367	Assistant Secretary	7/1/2021

2022 10 28 PM 2:00

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

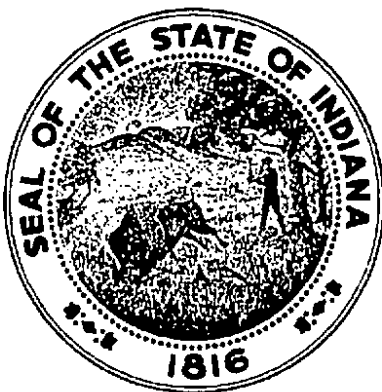
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

LEGATO HEALTH TECHNOLOGIES U.S., INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 30, 2021 and was in existence or authorized to transact business in the State of Indiana on October 21, 2022.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 21, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

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All certificates should be validated here: <https://bsd.sos.in.gov/validateCertificate>

Expires on November 20, 2022.