

F23000002586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

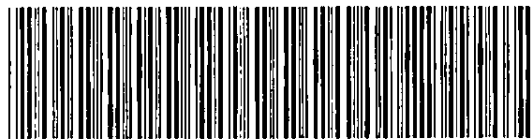
(Document Number)

Copies

Certificates of Status

Instructions to Filing Officer:

Office Use Only



200407900062

FILED

2023 MAY -2 AM 10:22

SECRET

DATE

40

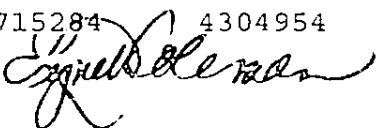
2023 MAY -2 PM 3:21

SECRET

DATE

A. Jones

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 715284 4304954
AUTHORIZATION : 
COST LIMIT : \$ 78.75

ORDER DATE : May 2, 2023
ORDER TIME : 1:40 PM
ORDER NO. : 715284-005
CUSTOMER NO: 4304954

FOREIGN FILINGS

NAME: PSYNERGYHEALTH, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PsynergyHealth, 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:

Carla Hines

Name of Person

Locke Lord LLP

Firm/Company

111 Huntington Avenue

Address

Boston, MA 02199

City/State and Zip code

surabsingh@gmail.com

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

For further information concerning this matter, please call:

Carla Hines

Name of Person

at (617) 239-0567

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. PsynergyHealth, 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. 92-3788751
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/01/2023 5. _____
(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. 11300 Bridge House Rd, Windermere, FL 34786
(Principal office street address)
- 7512 Dr Phillips Blvd, suite 50 PMB 959, Orlando, Florida 32819
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
- Tallahassee, Florida 32301
(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.

Corporation Service Company

By: _____

Eyline Baker
Assistant Vice President

(Registered agent's signature)

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: Raj Toleti
☐ Vice Chairman Address: 7512 Dr Phillips Blvd
☒ Director Suite 50, PMB 959, Orlando, FL 32819
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Surabhi Singh
☐ Vice Chairman Address: 7512 Dr Phillips Blvd
☒ Director Suite 50, PMB 959, Orlando, FL 32819
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☒ Other COO

☐ Chairman Name: Pradeep Vangala
☐ Vice Chairman Address: 7512 Dr Phillips Blvd
☒ Director Suite 50, PMB 959, Orlando, FL 32819
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Raghu Ganjam
☐ Vice Chairman Address: 7512 Dr Phillips Blvd
☒ Director Suite 50, PMB 959, Orlando, FL 32819
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Sanjeev Singh
☐ Vice Chairman Address: 7512 Dr Phillips Blvd
☒ Director Suite 50, PMB 959, Orlando, FL 32819
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Ravi Akella
☐ Vice Chairman Address: 7512 Dr Phillips Blvd
☒ Director Suite 50, PMB 959, Orlando, FL 32819
☐ 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. Surabhi Singh
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. Surabhi Singh, President
(Typed or printed name and capacity of person signing application)

Psynergy Health, LLC
7512 Dr. Phillips Blvd.
Suite 50, PMB 959
Orlando, FL 32819

CONSENT TO USE OF NAME

The undersigned is the manager of Psynergy Health, LLC, a limited liability company organized under the laws of the State of Florida on August 6, 2021 and dissolved effective as of April 25, 2023. The dissolution of Psynergy Health, LLC is final, and therefore Psynergy Health, LLC hereby consents to the registration of PsynergyHealth, Inc., a corporation organized under the laws of the State of Delaware, as a foreign corporation in Florida and to the use by such entity of the name "PsynergyHealth".

IN WITNESS WHEREOF, the said Psynergy Health, LLC has caused this consent to be executed by the undersigned this 1st day of May 2023.

PSYNERGY HEALTH, LLC

Surabhi Singh

By: _____
Name: Surabhi Singh
Title: Manager

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PSYNERGYHEALTH, 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 SECOND DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PSYNERGYHEALTH, INC." WAS INCORPORATED ON THE FIRST DAY OF MAY, A.D. 2023.

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



7434902 8300

SR# 20231755171

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203258056

Date: 05-02-23