

Division of Corporations
Florida Department of State
 Division of Corporations
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To:

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

From:

Account Name : REGISTERED AGENTS INC.
 Account Number : I20090000081
 Phone : (307)200-2803
 Fax Number : (855)330-1010

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

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FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
MoodRx, Inc.

Certificate of Status	0
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Page Count	04
Estimated Charge	\$70.00

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INDEXED
FILED
MAY 19 2023

2023 MAY 19 AM 11:06

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**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. MoodRx, 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

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 02/13/2023

(Date of incorporation)

5.

(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. 1450 El Conte Drive, Davenport, FL 33896

(Principal office street address)

7901 4th St N STE 300, St. Petersburg, FL 33702

(Current mailing address, if different)

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(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.

David Roberts

(Registered agent's signature)

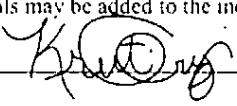
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

2023 MAY 19 PM 11:06

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A. DIRECTORS Chairman Name: Kruti Quazi Vice Chairman Address: 1450 El Conte Drive Director Davenport, FL 33896 President _____ Vice President _____ Secretary X Treasurer Other _____ Other _____ Chairman Name: _____ Vice Chairman Address: _____ Director _____ President _____ Vice President _____ Secretary X Treasurer Other _____ Other _____ Chairman Name: _____ Vice Chairman Address: _____ Director _____ President _____ Vice President _____ Secretary X Treasurer Other _____ Other _____ Chairman Name: _____ Vice Chairman Address: _____ Director _____ President _____ Vice President _____ Secretary X Treasurer Other _____ Other _____ Chairman Name: _____ Vice Chairman Address: _____ Director _____ President _____ Vice President _____ Secretary X Treasurer Other _____ Other _____ Chairman Name: _____ Vice Chairman Address: _____ Director _____ President _____ Vice President _____ Secretary X 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.  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. Kruti Quazi - President
(Typed or printed name and capacity of person signing application)

Delaware

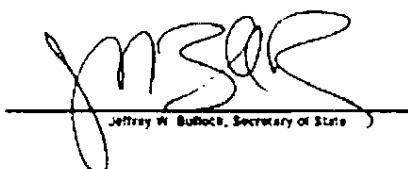
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The First State

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

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOODRX, INC."
WAS INCORPORATED ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2023.*

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



jmbar
Jeffrey W. Bullock, Secretary of State