

6/23/23, 9:16 AM

F23000003761

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000223998 3)))



H230002239983ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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: legal@ihnterwellhealth.com

RECEIVED
2023 JUN 23 AM 8:29
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
InterWell Health Partners, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

JUN 26 2023

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. InterWell Health Partners, 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. 88-1507503

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

(FEI number, if applicable)

4. 03/16/2022 5. Perpetual

(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. 177 Huntington Ave, Suite 1703, PMB 39516, Boston, MA 02115-3153

(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, Florida 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: SEAN L. EMERICK ASSISTANT SECRETARY

(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: Robert Sepucha

☐Vice Chairman

Address:

☒Director

177 Huntington Ave, Suite 1703

☐President

PMB 39516

☐Vice President

Boston, MA 02115-3153

☐Secretary

☐Treasurer

☒Other CEO

☐Other

☐Chairman

Name: David Pollack

☐Vice Chairman

Address:

☒Director

177 Huntington Ave, Suite 1703

☐President

PMB 39516

☐Vice President

Boston, MA 02115-3153

☐Secretary

☐Treasurer

☐Other

☐Other

☐Chairman

Name: Maureen Bernacki

☐Vice Chairman

Address:

☒Director

177 Huntington Ave, Suite 1703

☐President

PMB 39516

☐Vice President

Boston, MA 02115-3153

☐Secretary

☒Treasurer

☐Other

☐Other

☐Chairman

Name: Christopher Lim

☐Vice Chairman

Address:

☒Director

177 Huntington Ave, Suite 1703

☐President

PMB 39516

☐Vice President

Boston, MA 02115-3153

☒Secretary

☐Treasurer

☐Other

☐Other

☐Chairman

Name:

☐Vice Chairman

Address:

☐Director

☐President

☐Vice President

☐Secretary

☐Treasurer

☐Other

☐Other

☐Chairman

Name:

☐Vice Chairman

Address:

☐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 individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. /s/ Robert Sepucha

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. Robert Sepucha, CEO

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERWELL HEALTH PARTNERS, 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 SIXTEENTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



6679279 8300

SR# 20232780535

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 in a small font.

Authentication: 203566028

Date: 06-16-23