F23000004016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 07/11/23
Order #: 1220481-1
Re: Virta Health Corp.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:
Application for Certificate of Authority
Amount to be deducted from our State Account: $820.00 - FL State Account Number: I20000000195

AUTH:

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Virta Health Corp.
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:

Elaine C. Iarocci, Esq.
Name of Person

Virta Health Corp.
Firm/Company

501 Folsom Street, 1st Floor
Address

San Francisco, CA 94105
City/State and Zip code

elaine.iarocci@virtahealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaine Iarocci at (347) 351-6459
Name of Person — 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. Virta Health Corp.
(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)

3. 47-1055608
(FEI number, if applicable)

4. 05/20/2014
(Date of incorporation)

5.
(Date of duration, if other than perpetual)

6. 06/04/2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 501 Folso Street, 1st Floor, San Francisco, CA 94105
(Principal office **street** address)

(Current mailing address, if different)

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TALLAHASSEE FL

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee (City), Florida 32301 (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:
(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: Sami Inkinen
☐Vice Chairman Address: 501 Folsom St
☐Director 1st Floor
■President San Francisco, CA 62703
☐Vice President
☐Secretary ☐Treasurer
☐Other ☐Other

☐Chairman Name: Steve Phinney
☐Vice Chairman Address: 501 Folsom St
☐Director 1st Floor
☐President San Francisco, CA 62703
☐Vice President
☐Secretary ■Treasurer
☐Other ☐Other

☐Chairman Name: on Berwick
☐Vice Chairman Address: 501 Folsom St
■Director 1st Floor
☐President San Francisco, CA 62703
☐Vice President
☐Secretary ☐Treasurer
☐Other ☐Other

☐Chairman Name: Bob Kocher
☐Vice Chairman Address: 501 Folsom Street
☒Director 1st Floor
☐President San Francisco, CA 94105
☐Vice President
☐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. Sami Inkinen
DocuSigned by:
CDFE1DCBA5EA437...
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. Sami Inkinen, CEO
(Typed or printed name and capacity of person signing application)

Delaware

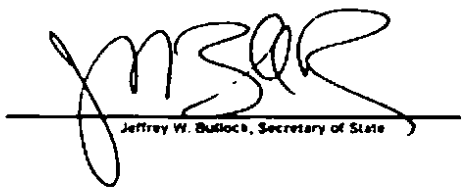
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIRTA HEALTH CORP." 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 ELEVENTH DAY OF JULY, 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 SAID "VIRTA HEALTH CORP." WAS INCORPORATED ON THE TWENTIETH DAY OF MAY, A.D. 2014.

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



5536420 8300

SR# 20232965548

Authentication: 203719394

Date: 07-11-23

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