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(Address)

(Address)

(City/State/Zip/Phone #)

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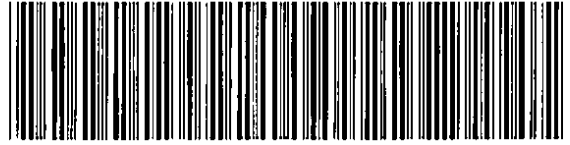
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19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MMS Analytics, 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:

Evan Young
Name of Person
MMS Analytics, Inc.
Firm/Company
99 Bow St, Suite 100E
Address
Portsmouth, NH 03801
City/State and Zip code
evan@falonhealthtech.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evan Young at (603) 502-4691
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. MUS Analytcs, 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. 47-1212355
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/27/2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 12/1/2022
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 99 Bow St, Suite 100E, Portsmouth, NH 03801
(Principal office street address)

Same
(Current mailing address, if different)

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

Name: Joseph Torina

Office Address: 1916 Sheffield Ct.

Oldsmar, Florida FL
(City) (Zip code)

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2023 OCT 10 PM 2:06
CLERK OF COURT

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.

Joseph Torina
(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: Mark Galvin
☐ Vice Chairman Address: 99 Bow St
☐ Director Ste 100 E
☐ President Portsmouth, NH 03801
☐ Vice President _____
☐ Secretary ☒ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Tamie Greenleaf
☐ Vice Chairman Address: same as above
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Orin Neumrowsky
☐ Vice Chairman Address: same as above
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Matthew Robinson
☐ Vice Chairman Address: 99 Bow St
☐ Director Ste 100 E
☐ President Portsmouth, NH 03801
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Evan Young
☐ Vice Chairman Address: same as above
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Tyson Jeffords
☐ Vice Chairman Address: same as above
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CTO ☐ 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. Evan Young _____
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. Evan Young _____
(Typed or printed name and capacity of person signing application)

State of New Hampshire

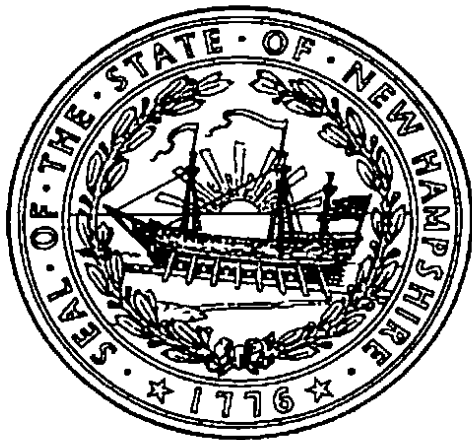
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that MMS ANALYTICS, INC. is a Delaware Profit Corporation registered to transact business in New Hampshire on July 16, 2014. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned; and the attached is a true copy of the list of documents on file in this office.

Business ID: 711738

Certificate Number: 0006330140



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 4th day of October A.D. 2023.

A handwritten signature in black ink, appearing to read "David M. Scanlan", written over a horizontal line.

David M. Scanlan
Secretary of State

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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(City)

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Joseph Torina

(Registered agent's signature)

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2023 OCT 10 PM 2:06
TALLAHASSEE, FL

A. DIRECTORS

☒ Chairman Name: Mark Galvin
☐ Vice Chairman Address: 99 Bow St
☐ Director Ste 100 E
☐ President Portsmouth, NH 05801
☐ Vice President _____
☐ Secretary ☒ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Jamie Greenleaf
☐ Vice Chairman Address: same as above
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Ofer Neutrovsky
☐ Vice Chairman Address: same as above
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Matthew Robinson
☐ Vice Chairman Address: 99 Bow St
☐ Director Ste 100 E
☐ President Portsmouth, NH 05801
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Evan Young
☐ Vice Chairman Address: same as above
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Jason Selfors
☐ Vice Chairman Address: same as above
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CTO ☐ Other _____

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13. Evan Young _____
 (Typed or printed name and capacity of person signing application)

State of New Hampshire

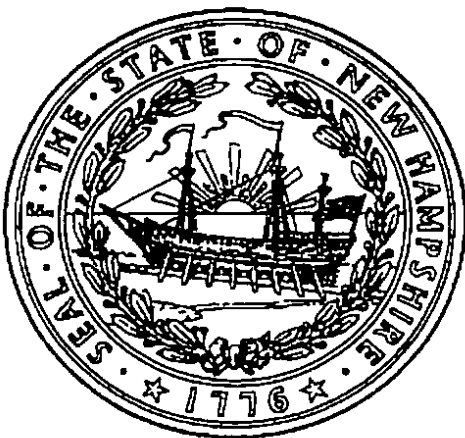
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Certificate Number: 0006330140



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 4th day of October A.D. 2023.

A handwritten signature in black ink, appearing to read "David M. Scanlan", is written over a circular stamp that partially overlaps the seal.

David M. Scanlan
Secretary of State