

4/8/24, 8:51 AM

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 : Vcorp SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
PATIENTFI, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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DocuSign Envelope ID: 228C6FA7-4EB5-4D41-A4B9-E7ECDFBBD312

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. PATIENTFI, 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)

3.

(FEI number, if applicable)

4. 6/29/2017

(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. 530 TECHNOLOGY DRIVE, SUITE 350, IRVINE, CA 92618

(Principal office street address)

(Current mailing address, if different)

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

Name: Vcorp Agent Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation

(City)

FL

33324

(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.

Vcorp Agent Services, Inc.

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]:

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A. DIRECTORS

☐ Chairman Name: Todd Watts

☐ Vice Chairman Address: 608 Aldean Place

☐ Director Newport Beach, CA 92663

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other _____

☐ Chairman Name: Derrick Hoag

☐ Vice Chairman Address: 780 Center Street

☐ Director Costa Mesa, CA 92627

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Chief Product Officer ☐ Other _____

☐ Chairman Name: Jon Roberts

☐ Vice Chairman Address: 614 E Rockaway Drive

☐ Director Placentia, CA 92870

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Chief Risk Officer ☐ Other _____

☐ Chairman Name: Joe Ranieri

☐ Vice Chairman Address: 1079 Towne Lake Hills E

☐ Director Woodstock, GA 30189

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Chief Compliance Officer ☐ Other _____

☐ Chairman Name: Ray Bassi

☐ Vice Chairman Address: 150 2nd Avenue

☒ Director San Francisco, CA 94118

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Katie Hernandez

☐ Vice Chairman Address: 1912 Fullerton Avenue

☒ Director Costa Mesa, CA 92627

☐ 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. Todd Watts
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. Todd Watts, CEO
(Typed or printed name and capacity of person signing application)

DocuSign Envelope ID: BBF18950-32E2-4F8E-81A4-F2C8835E1B9E

FL Attachment:

Directors:

Gary Gustavson

97 Breakneck Rd, Sturbridge, MA 01566

Tommy Cestare

312 Paige Ln, Costa Mesa, CA 92627

Janae Blalock

8235 East Woodwind Avenue, Orange, CA 92869

Brandon Tracey

25 Pacifica Apt 5133, Irvine, CA 92618

Blake Lucas

1560 Evergreen Lane, Corona, CA 92879

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PATIENTFI, 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 FOURTH DAY OF APRIL, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PATIENTFI, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2017.

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

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.

Jeffrey W. Bullock, Secretary of State

6461997 8300

SR# 20241309414

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

Authentication: 203183574

Date: 04-04-24