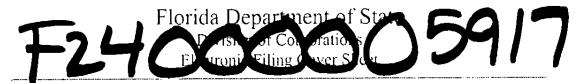
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Division of Corporations

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From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2783 Fax Number : (718)504-7890

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FOREIGN PROFIT/NONPROFIT CORPORATION EMPASSION HEALTH, INC

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu Corporate Filing Menu

Help

KOV 18 1024

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.

EMPASSION I			
	orporation; must include "INCORPORATED." orp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacti	ng business in Florida)
DELAWARE			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
03/01/2021			
(Date	5	(Date of duration, if other than perpetual)	
-	(Date first transacted business in E (SEE SECTIONS 607.1501 & 607.150		lity)
641 LEXINGTO	N AVENUE, 13TH FLOOR, NEW YORK, NY	10022	
	(Principal office		
	(Current mailing	address, if different)	_
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2
Name:	INTERSTATE AGENT SERVICES, LLC		公司
ffice Address:	100 SE 2ND STREET, SUITE 2000 #209		2024 NOV 15
	МІАМІ	, Florida 33131	データ の
	(City)	(Zip code)	PH 12:
			H H H H H H

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.

(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.

(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 "EMPASSION HEALTH, 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 FOURTEENTH DAY OF NOVEMBER, 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 "EMPASSION

HEALTH, INC." WAS INCORPORATED ON THE TENTH DAY OF DECEMBER, A.D.

2021.

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

Authentication: 204878967

Date: 11-14-24