F25000016752

(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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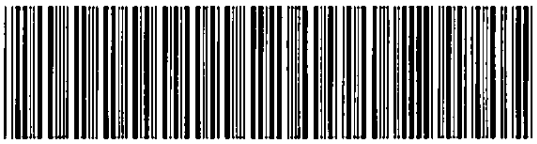

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TALLAHASSEE, FLORIDA

CT CORP

(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 03/20/2025

Acc#I20160000072

Name:	Blue Circle Health, Inc.
Document #:	
Order #:	16219295

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
Certified Copy of	☐			
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Amount: $ 78.75

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Circle Health Clinical, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Brooke Mangiarelli
Name of Person

Epstein Becker & Green, P.C.
Firm/Company

250 West Street, Ste. 300
Address

Columbus, Ohio 43215
City/State and Zip Code

Bmangiarelli@ebglaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brooke Mangiarelli (614) 872-2454
Name of Person — Area Code — Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Blue Circle Health Clinical, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(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. 05/06/2024
(Date of Incorporation)

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

6. _____
(Date first conducted affairs in Florida if prior to registration. *See sections 617.1501 & 617.1502, F.S. to determine penalty liability.*)

7. 68 Harrison Ave #605, PMB 62564, Boston, Massachusetts 02111
(Principal office **street** address)

_____
(Current mailing address, if different)

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25 MAR 20 AM 10:22
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TALLAHASSEE, FLORIDA

8. Blue Circle Health Clinical, Inc. provides care and support to people living with type 1 diabetes.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: C T Corporation System

Office Address: 1200 S Pine Island Rd #250

Plantation (City), Florida 33324 (Zip Code)

10. **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.

Rose Song
(Registered agent's signature) Rose Song, Assistant Secretary

11. 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐Chairman
☐Vice Chairman
☐Director
☐President
☐Vice President
☐Secretary
☐Treasurer
■Other: COO
Name: Robin Jensen
Address: 68 Harrison Ave #605
PMB 62564
Boston, Massachusetts 02111
☐ Other:

☐Chairman
☐Vice Chairman
■Director
☐President
☐Vice President
☐Secretary
☐Treasurer
■ Other: CEO
Name: Leonard D'Avolio
Address: 68 Harrison Ave #605
PMB 62564
Boston, Massachusetts 02111
☐ Other:

■Chairman
☐Vice Chairman
■Director
☐President
☐Vice President
☐Secretary
☐Treasurer
■Other: CFO
Name: Bruce Braughton
Address: 68 Harrison Ave #605
PMB 62564
Boston, Massachusetts 02111
☐ Other:

☐Chairman
☐Vice Chairman
■Director
☐President
☐Vice President
☐Secretary
☐Treasurer
☐ Other:
Name: Sean Oser
Address: 68 Harrison Ave #605
PMB 62564
Boston, Massachusetts 02111
☐ Other:

☐Chairman
☐Vice Chairman
■Director
☐President
☐Vice President
■Secretary
☐Treasurer
☐Other:
Name: Georgia Agiostratidou
Address: 68 Harrison Ave #605
PMB 62564
Boston, Massachusetts 02111
☐ Other:

☐Chairman
☐Vice Chairman
☐Director
☐President
☐Vice President
☐Secretary
☐Treasurer
☐ Other:
Name:
Address:
☐ Other:

NOTE: 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.

13. Robyn B Jensen
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robin Jensen, Chief Operating Officer
(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUE CIRCLE HEALTH CLINICAL, 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 FIFTH DAY OF FEBRUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUE CIRCLE HEALTH CLINICAL, INC." WAS INCORPORATED ON THE SIXTH DAY OF MAY, A.D. 2024.

C. P. Sanchez

Charuni P. Sanchez, Secretary of State

Authentication: 202870965

Date: 02-05-25

3457514 8300N

SR# 20250395170

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