4/17/20 Division of Corporations

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Florida Department of State
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To:
Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

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Foreign Limited Liability Company
INTEGRITY APPLICATIONS HOLDINGS PARENT, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	$160.00

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4-18-19
BK

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Integrity Applications Holdings Parent, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. re determining penalty liability)

5. 5425 Wisconsin Avenue, Suite 200
(Street Address of Principal Office)
Chevy Chase MD 20815

6. 5425 Wisconsin Avenue, Suite 200
(Mailing Address)
Chevy Chase, Maryland 20815

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (Zip code)

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

By: C T Corporation System James M. Halpin Assistant Secretary
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☒ Manager	Name: Michael H. Lustbader	☒ Manager	Name: David C. Wodlinger
☐ Member	Address: 5425 Wisconsin Avenue	☐ Member	Address: 5425 Wisconsin Avenue
☐ Authorized Person	Suite 200 Chevy Chase MD 20815	☐ Authorized Person	Suite 200 Chevy Chase MD 20815
☐ Other	☐ Other	☒ Other Chairman, Pres.	☒ Other Treasurer
☒ Manager	Name: Benjamin J. Ramundo	☒ Manager	Name: Dave Dzaran
☐ Member	Address: 5425 Wisconsin Avenue	☐ Member	Address: 5425 Wisconsin Avenue
☐ Authorized Person	Suite 200 Chevy Chase MD 20815	☐ Authorized Person	Suite 200 Chevy Chase MD 20815
☐ Other	☐ Other	☐ Other	☐ Other
☒ Manager	Name: Ken Abeloe	☐ Manager	Name: Robert Richards
☐ Member	Address: 5425 Wisconsin Avenue	☐ Member	Address: 5425 Wisconsin Avenue
☐ Authorized Person	Suite 200 Chevy Chase MD 20815	☐ Authorized Person	Suite 200 Chevy Chase MD 20815
☐ Other	☐ Other	☒ Other Secretary	☐ 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Signature of the authorized person

Robert Richards, Secretary

Typed or printed name of signee

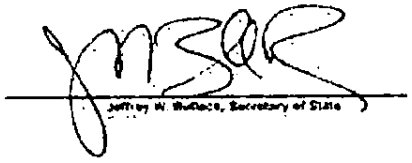
Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTEGRITY APPLICATIONS HOLDINGS PARENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTEGRITY APPLICATIONS HOLDINGS PARENT, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



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