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(Address)

(Address)

(City/State/Zip/Phone #)

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MICHIGAN SECRETARY OF STATE
DIVISION OF CORPORATIONS & BUSINESSES

1166

AUG 15 2019

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Definitive Healthcare, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Scott Stokes, Esq.

Name of Person

Rich May, PC

Firm/Company

176 Federal Street, 6th Floor

Address

Boston, MA 02110

City/State and Zip Code

sstokes@richmaylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colin Beaumont

617

556-3820

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
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**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. Definitive Healthcare, 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. Massachusetts
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(LLC number, if applicable)

4. July 29, 2019
(Date first transacted business in Florida; if prior to registration,
see sections 605.0903 & 605.0905, F.S., to determine penalty liability)

5. 550 Cochituate Road, Unit 4
(Street Address of Principal Office)

6. 550 Cochituate Road, Unit 4
(Mailing Address)

Framingham, MA 01701

Framingham, MA 01701

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

Name: UT Corporation

Office Address: 1200 S Pine Island Road #250

Plantation, Florida 33324
(City) (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.

Kelly A. Whitehouse, Not Secretary
(Registered agent's signature)

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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]:

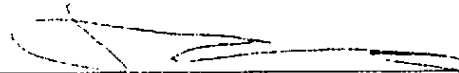
| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager | Name: <u>Jason Krantz</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>550 Cochituate Road, Unit 4</u> | <input type="checkbox"/> Member | Address: _____ |
| <input checked="" type="checkbox"/> Authorized | <u>Framingham, MA 01701</u> | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

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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)

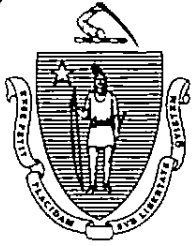
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Jason Krantz

Typed or printed name of signer



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

July 29, 2019

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

DEFINITIVE HEALTHCARE, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **December 17, 2010.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:
DEFINITIVE HEALTHCARE HOLDINGS, LLC

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **DEFINITIVE HEALTHCARE HOLDINGS, LLC**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **DEFINITIVE HEALTHCARE HOLDINGS, LLC**

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

