sion of Corporations 10/22/2020

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

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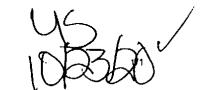
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## Foreign Limited Liability Company Babylon Healthcare, PLLC

Certificate of Status	0		
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05/002, FLORIDA STATUTE), THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

TEXAS  Guisdiction under the law of whi				
(Jurisdiction under the low of whi		(Hannaber, if ye		
	ch foreign firmled hability company is organized)	(11) कण्यास्टः, ॥ श्रह	2028 0	
	(Dure first transacted business in Florida, if prior to registrat (See sections 605,0904 & 605,0905; F.S. to determine pena	ion )		
801 BARTON SPRING	•	801 BARTON SPRINGS ROAD	STATE TO	
rect Address of Principal Officer		(Mailing Address)		
AUSTIN, TX 78704		AUSTIN, TX 78704		r: 46
	of Florida registered agent: (P.O. Box. <u>NO</u>			
Name:	CTCORPORATIONSYSTEM			
Name: Office Address:	CTCORPORATIONSYSTEM 1200SOUTHPINEISLANDROAD			
		33324 Florida (Zip. ode)		

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 Capacit	Υi	Name and Address;
■Manager	Name: MARK SHEN	□Manager	Name:	
□Member	Address: 801 BARTON SPRINGS RD	□Member	Address:	
□Authorized	AUSTIN, TX 78704	□Authorized		
Person		Person		
□Other	□Other	□Other		□Other
□Menager	Name:	□Manager	Name:	2020 OCT 2
□Member	Address:	□Member	Address:	(A) 10 1
□Authorized		□Authorized	<del></del>	T P
Person ·		Person		<u> </u>
□Other	□Other	Other	<del>,</del>	□ Other
□ Manager	Name:	□Manager	· Name:	
□Member	Address:	□Member	Address: _	
□Authorized		□Authorized		
Person		Person	······································	
<b></b>	Other	Other	<del></del>	□Other

- 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.

saggree of an authorized person MARK SHEN, MANAGER

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Ruth R. Hughs Secretary of State

## Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for BABYLON HEALTHCARE, PLLC (file number 803559972), a Domestic Limited Liability Company (LLC), was filed in this office on February 27, 2020.

It is further certified that the entity status in Texas is in existence.

2028 OCT 22 PH

In testimony whereof, I have hereunto signed my name-officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 29, 2020.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

TID: 10264

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