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Division of Corporations

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To:

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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**Foreign Limited Liability Company**  
**PEAR HEALTH LLC**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FL

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S. ROBERTS

DEC 01 2021

# 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. Pear Health 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. \_\_\_\_\_  
(FE number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration;  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1740 Via Venetia  
(Street Address of Principal Office)

6. 1740 Via Venetia  
(Mailing Address)

Winter Park, FL 32789

Winter Park, FL 32789

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, 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.

C T Corporation System  
By: Stephanie Hentz Stephanie Hentz, Assistant Secretary  
(Registered agent's signature)

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TALLAHASSEE, FL

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>Anjana Valbh</u>	<input type="checkbox"/> Manager	Name: <u>Rina Patel</u>
<input checked="" type="checkbox"/> Member	Address: <u>1740 Via Venetia</u>	<input checked="" type="checkbox"/> Member	Address: <u>1571 Mizell Avenue</u>
<input checked="" type="checkbox"/> Authorized	<u>Winter Park, FL 32789</u>	<input checked="" type="checkbox"/> Authorized	<u>Winter Park, FL 32789</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Tiffany Starks</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input checked="" type="checkbox"/> Member	Address: <u>11409 N Crestview Drive</u>	<input type="checkbox"/> Member	Address: <u></u>
<input checked="" type="checkbox"/> Authorized	<u>Fountain Hills, AZ 85268</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

**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.

Anjana Valbh

Signature of an authorized person

Anjana Valbh

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PEAR HEALTH 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 THIRTIETH DAY OF NOVEMBER, A.D. 2021.

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



6388996 8300

SR# 20213934137

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204824254

Date: 11-30-21