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	Address)
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(0	City/State/Zip/Phone #)
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	Document Number)
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Account#: 120000000088

Date:	03/28/2022			
	Marcel Ogbo	nna-Amu		
Reference	ne #:162	5534		
	me:		DLDING LLC	
	ticles of Incorporation	on/Authorization t	o Transact Business	
R∈	nange of Agent einstatement onversion	FILE SECON	1D	ANY ISSUES, CALL MARCEL: (518) 213 - 0826 Thank you!
	erger ssolution/Withdrawa	ıl		
	ctitious Name	CERTIFIED	COPY OF THE FILING	
Authorize Signature	ed Amount:	\$155.00 eC og borner-temu		



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Account#: I20000000088

Date: 03/28	3/2022		
	el Ogbonna-Amu		
Reference #:	1625534		
Entity Name:	VVC	HOLDING LI	_C
	corporation/Authorizati		
Change of A	rigent FILE		ANY ISSUES, CALL MARCEL: (518) 213 - 0826
Conversion Merger			Thank you!
☐ Dissolution/\			
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Authorized Amount	\$155.00		
Signature:	Marcel og komer-	Fare.	

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:		Holding LLC		
	Name of	f Limited Liability	Company	
			ation to Transact Business in Florida," Cer ted fiability company to transact business	
Please return all correspondence c	concerning this matter to th	e following:		
		Name of Person		
Firm/Company				
Address				
	City/	State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	E-mail address; (to be use	ed for future annua	report notification)	
For further information concerning	g this matter, please call;			
		at ()	
Name o	f Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section			STREET ADDRESS: Division of Corporations Registration Section	
P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the	he following amount: ble to: FLORIDA DEPAR	TMENT OF STA	Tr	
S125.00 Filing Fee	\$130.00 Filing Fee Certificate of St	& 🔲 \$155,00	Filing Fee &	

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

IN COMPILANCE 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. VVC Holding LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.," or "L.L.C.," or "L.L.C.")

VVC USA 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 "L.L.C." or "L.L.C.")

Delaware

2. Uurisdiction under the law of which foreign limited liability company is organized)

(Fill number, it applicable)

(Date first transacted business in Florida (See sections 605,0904 & 605,0905, F.)	a, if prior to registration.) S. to determine penulty liability.)
311 Arsenal Street	c/o athenahealth, Inc.
(Street Address of Principal Office)	(Mailing Address)
Watertown, MA 02472	311 Arsenal Street

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee 32301

Tallahassee , Florida 23301 (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.

	Franco-Henry	Lauren Thorne, Assistant Secretary		
_	(Registered agent's signature)			

8. For initial index manage [up to six (ing purposes, list names, title or capacity and o) total]:	l addresses of the primary m	embers/managers or persons authorized to		
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:		
⊠Manager	Name:Jessica H. Collins	🖄 Manager	Name: Robert E. Segert		
Member	Address: c/o athenahealth, Inc.	Member	Address: _c/o athenahealth, Inc.		
Authorized	311 Arsenal Street	Authorized	311 Arsenal Street		
Person	Watertown, MA 02472	Person	Watertown, MA 02472		
Other	_Other	[Other	Other		
☐Manager	Name:athenahealth, Inc.	∐ Manager	Name:		
⊠Member	Address: 311 Arsenal Street	Member	Address:		
Authorized	Watertown, MA 02472	Authorized	0.22 8		
Person		Person			
Other	Other	Other	(Other		
			-		
∐Manager	Name:	Manager Manager	Name:		
∐Member	Address:	[_] Member	Address:		
Authorized		☐ Authorized			
Person		Person			
Other	Other	Other	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.					
Jessica H. Collins, Manager					

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VVC HOLDING 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 ELEVENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VVC HOLDING LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2018.

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

at corp delaware gov/auth

Authentication: 202892653

Date: 03-11-22

6815126 8300

SR# 20220973782