

M22000015747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

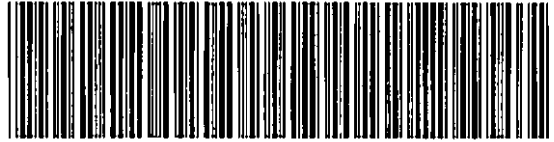
(Business Entity Name)

(Document Number)

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2022 OCT -3 AM 10:33

S. ROBERTS

OCT - 3 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Klara Holdings, 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:

Patrick Horan

Name of Person

Modernizing Medicine

Firm/Company

4850 T-Rex Ave., Suite 200

Address

Boca Raton, FL 33431

City/State and Zip Code

patrick.horan@modmed.com

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

For further information concerning this matter, please call:

Patrick Horan

754

231-3964

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. Klara Holdings, 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 3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. February 8, 2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4700 Exchange Court, Suite 225 6. 4850 T-Rex Ave., Suite 200
(Street Address of Principal Office) (Mailing Address)
Boca Raton, FL 33431 Boca Raton, FL 33431

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) , Florida (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.

Tabatha Miller, Asst VP
(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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Modernizing Medicine, Inc.

☒ Member Address: 4850 T-Rex Ave., Suite 200

☐ Authorized Boca Raton, FL 33431

Person

☐ Other ☐ Other

☐ Manager Name: Joseph Harpaz

☐ Member Address: 4850 T-Rex Ave., Suite 200

☐ Authorized Boca Raton, FL 33431

Person

☒ Other President, COO ☐ Other

☐ Manager Name: Mark Fleisher

☐ Member Address: 4850 T-Rex Ave., Suite 200

☐ Authorized Boca Raton, FL 33431

Person

☒ Other SEVP, Secretary, ☒ Other General Counsel

Title or Capacity: **Name and Address:**

☐ Manager Name: Daniel Cane

☐ Member Address: 4850 T-Rex Ave., Suite 200

☐ Authorized Boca Raton, FL 33431

Person

☒ Other CEO ☐ Other

☐ Manager Name: Michelle Scheer

☐ Member Address: 4850 T-Rex Ave., Suite 200

☐ Authorized Boca Raton, FL 33431

Person

☒ Other EVP, CFO ☐ Other

☐ Manager Name: Michael Sherling

☐ Member Address: 4850 T-Rex Ave., Suite 200

☐ Authorized Boca Raton, FL 33431

Person

☒ Other CMSO ☐ 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 an authorized person

Mark Fleisher

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KLARA HOLDINGS, 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 SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KLARA HOLDINGS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2022.

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



6548918 8300

SR# 20223662506

You may verify this certificate online at 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.

Authentication: 204520380

Date: 09-30-22