

F16000004285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

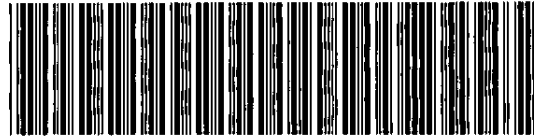
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 SEP 26 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FL 32310

RECEIVED
DEPARTMENT OF STATE
16 SEP 26 PM 1:54

K. SALY
SEP 27 2016

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 307095 4300043
AUTHORIZATION : *[Handwritten Signature]*
COST LIMIT : \$ 70.00

ORDER DATE : September 26, 2016
ORDER TIME : 1:14 PM
ORDER NO. : 307095-005
CUSTOMER NO: 4300043

FOREIGN FILINGS

NAME: WELLBOX INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

WELLBOX INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE _____ 3. 37-1801961 _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. FEBRUARY 5, 2016 _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. AUGUST 1, 2016 _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4401 SALISBURY ROAD, SUITE 104, JACKSONVILLE, FL 32216 _____
(Principal office address)

(Current mailing address, if different)

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

Name: NATHANIAL B. FINDLAY _____

Office Address: 4401 SALISBURY ROAD, SUITE 104 _____

JACKSONVILLE _____, Florida 32216 _____
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

NATHANIAL B. FINDLAY

By: _____
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHED RIDER

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED RIDER

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Nathanial B. Findlay
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. NATHANIAL B. FINDLAY, PRESIDENT

(Typed or printed name and capacity of person signing application)

RIDER

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TALLAHASSEE, FLORIDA

WELLBOX INC.

Officers:

Name	Title	Business Address
Nathanial B. Findlay	President	4401 Salisbury Road, Suite 104 Jacksonville, FL 32216
Leonard B.C. Schlemm	Treasurer	c/o Myca Health Inc. 2800 rue Louis-Lumière Suite 200 Québec (Québec) G1P 0A4

Directors:

Name	Business Address
Nathanial B. Findlay	4401 Salisbury Road, Suite 104 Jacksonville, FL 32216
Leonard B.C. Schlemm	c/o Myca Health Inc. 2800 rue Louis-Lumière Suite 200 Québec (Québec) G1P 0A4
Matthew Downs	c/o Myca Health Inc. 2800 rue Louis-Lumière Suite 200 Québec (Québec) G1P 0A4
Ian O. Ihnatowycz	c/o Myca Health Inc. 2800 rue Louis-Lumière Suite 200 Québec (Québec) G1P 0A4

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WELLBOX INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WELLBOX INC." WAS INCORPORATED ON THE FIFTH DAY OF FEBRUARY, A.D. 2016.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203056212

Date: 09-26-16