

1/8/2021

Division of Corporations

F2100000183
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

2021 JAN -8 PM 12:04
APPROVED
AND
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
HEALTHJUMP INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,170.00

RECEIVED
2021 JAN -8 PM 1:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthjump Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Toffee Blum, Paralegal

Name of Person

Fox Rothschild LLP

Firm/Company

747 Constitution Dr., Ste. 100, P.O. Box 673

Address

Exton, PA 19341-0673

City/State and Zip code

Martin@healthjump.com

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

For further information concerning this matter, please call:

Toffee Blum, Paralegal

at (610) 458-4973

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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.

1. Healthjump Inc.
(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. 46-2745596
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/09/2013 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. August 25, 2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. c/o Healthjump Inc. 2001 Market Street, Ste. 2500, Philadelphia, PA 19103
(Principal office street address)

P.O. Box 5074, Limerick, PA 19468
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2021 JAN - 8 PM 12: 04
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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.

Corporation Service Company

By:

[Handwritten signature]

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Martin Aboitiz

Vice Chairman Address: c/o Healthjump Inc.

Director 2001 Market Street, Suite 2500

President Philadelphia, PA 19103

Vice President _____

Secretary Treasurer

Other CEO Other _____

Chairman Name: Shanti Aboitiz

Vice Chairman Address: c/o Healthjump Inc.

Director 2001 Market Street, Suite 2500

President Philadelphia, PA 19103

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Clifford Cavanaugh

Vice Chairman Address: c/o Healthjump Inc.

Director 2001 Market Street, Suite 2500

President Philadelphia, PA 19103

Vice President _____

Secretary Treasurer

Other _____ Other Chief Technology Officer

Chairman Name: James Rowland

Vice Chairman Address: c/o Healthjump Inc.

Director 2001 Market Street, Suite 2500

President Philadelphia, PA 19103

Vice President _____

Secretary Treasurer

Other Chief Revenue Officer Other _____

Chairman Name: Mark Ribeiro

Vice Chairman Address: c/o Healthjump Inc.

Director 2001 Market Street, Suite 2500

President Philadelphia, PA 19103

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

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.

12. *M. Aboitiz*
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. Martin Aboitiz, CEO
(Typed or printed name and capacity of person signing application)

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHJUMP 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 THIRTIETH DAY OF DECEMBER, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHJUMP INC." WAS INCORPORATED ON THE NINTH DAY OF MAY, A.D. 2013.

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

Handwritten signature of Jeffrey W. Bullock, Secretary of State, in black ink.
Jeffrey W. Bullock, Secretary of State

5332618 8300

SR# 20208800846

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

Authentication: 204451458

Date: 12-30-20