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 2023 FEB 15 P 1:58

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: Hicity Health, Inc.		
2. It is incorporated under the laws of: Delaware		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 01/10/2006		
And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) Date certain for dissolution _____		
5. The address of its principal office is: 1 CityPlace Dr., Suite 570, St. Louis, MO 63141		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
 Manages and Provides Telemedical Services

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
"Sec Attached"	

Check the box to indicate an attachment

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Lou Silverman	1 CityPlace Dr., Suite 570, St. Louis, MO 63141
VICE PRESIDENT		
TREASURER	Andrea Clegg	1 CityPlace Dr., Suite 570, St. Louis, MO 63141
SECRETARY	Andrea Clegg	1 CityPlace Dr., Suite 570, St. Louis, MO 63141

Check the box to indicate an attachment

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
Sec attached			

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0.6 %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0.4 %

List of Directors

Name	Address
Lou Silverman	1 CityPlace Dr., Suite 570, St. Louis, MO 63141
Barbara Lubash	1 CityPlace Dr., Suite 570, St. Louis, MO 63141
Michael Mikolajcyk	1 CityPlace Dr., Suite 570, St. Louis, MO 63141
Tim Peterson	1 CityPlace Dr., Suite 570, St. Louis, MO 63141
John Reardon	1 CityPlace Dr., Suite 570, St. Louis, MO 63141
Dave Schopp	1 CityPlace Dr., Suite 570, St. Louis, MO 63141

Share Information

Class	Series	Par Value	Number Authorized	Number Issued
Common		\$.01	35,300,000	10,195,259
Preferred	A	\$.01	6,339,242	6,339,242
Preferred	B	\$.01	5,614,823	5,614,823
Preferred	C	\$.01	2,020,202	2,020,202
Preferred	D	\$.01	6,194,827	6,194,827
Preferred	E	\$.01	3,764,630	3,764,630

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer

Andrea Clegg

Date

9/20/2022

Signature of Authorized Officer of the Corporation

Andrea Clegg

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HICUITY HEALTH, 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2023.

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

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




Jeffrey W. Bullock, Secretary of State

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SR# 20230518000

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

Authentication: 202713964

Date: 02-14-23