

**State of Rhode Island  
Office of the Secretary of State**

Fee: \$310.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Corporation****Application for Certificate of Authority**

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**The name of the corporation is Lucid Health, Inc.**SECTION II**It is incorporated under the laws of State: MD Country: US

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing 03/12/2024

**SECTION III**

The name, if different, which it elects to use in Rhode Island:

(a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR**

(b) if the corporation proposes to qualify and transact business under a different name, list that name:

*Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application*

**SECTION IV**The date of its incorporation is 2/9/2009and the period of its duration is ☒ Perpetual ☐**SECTION V**

The location of its principal office is

No. and Street: 12206 N. ARMENIA AVENUECity or Town: TAMPAState: FLZip: 33612Country: US**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVENUE, SUITE 2City or Town: BARRINGTONState: RIZip: 02806and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS INC.**SECTION VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

MARKETING CONSULTANT FIRM FOR MEDICAL AND HEALTHCARE INDUSTRIES**SECTION VIII**

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRINCIPAL	AARON MOREL	12206 N. ARMENIA AVENUE TAMPA, FL 33612 US
PRINCIPAL	MATTHEW GIULIANO	8324 TALLY HO ROAD LUTHERVILLE TIMONIUM, MD 21093 USA
PRINCIPAL	AARON MOREL	12206 N. ARMENIA AVENUE TAMPA, FL 33612 US
PRINCIPAL	MATTHEW GIULIANO	8324 TALLY HO ROAD LUTHERVILLE TIMONIUM, MD 21093 USA

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRINCIPAL	AARON MOREL	12206 N. ARMENIA AVENUE TAMPA, FL 33612 US
PRINCIPAL	MATTHEW GIULIANO	8324 TALLY HO ROAD LUTHERVILLE TIMONIUM, MD 21093 USA
PRINCIPAL	AARON MOREL	12206 N. ARMENIA AVENUE TAMPA, FL 33612 US
PRINCIPAL	MATTHEW GIULIANO	8324 TALLY HO ROAD LUTHERVILLE TIMONIUM, MD 21093 USA

SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
STK			\$0.0100	100.00

Signed this 12 Day of March, 2024 at 4:10:14 PM by the officers(s). This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.

By GREATON SELLERS  
Signature of Authorized Officer of the Corporation

# *STATE OF MARYLAND*

## *Department of Assessments and Taxation*

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I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT LUCID HEALTH, INC. (D12926739), INCORPORATED FEBRUARY 20, 2009, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 11, 2024.



Michael L. Higgs  
Director



*301 West Preston Street, Baltimore, Maryland 21201*  
*Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941*  
*MRS (Maryland Relay Service) (800) 735-2258 TT/Voice*

Online Certificate Authentication Code: hneSATL5DUe6TG2dU5py7Q  
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

March 12, 2024 04:10 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

