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State of Rhode Island
Department of State - Business Services Division

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: $50.00

Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number:	2. The name of the corporation is:
001776280	Telahealth Services USA

3. The document to be corrected is:	4. The date the document being corrected was originally filed:
Application for Certificate of Authority	July 10, 2024

5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment:

The name of the corporation was incorrectly listed in paragraph 1. as Telahealth Services USA.

Check the box to indicate an attachment [X]

6. The new corrected portion of the document states as follows:

The name of the corporation is: Telehealth Services USA.

Check the box to indicate an attachment [X]

7. The corrected document ***MUST*** be attached to this certificate.

8. As required by RIGL 7-1.2-105, the entity has paid all fees and taxes.

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

FILED
JUL 22 2024
BY 173370

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

Type or Print Name of Authorized Officer of the Corporation	Date
Robert Darzyniewicz, M.D.	July 18, 2024

Signature of Authorized Officer of the Corporation

DocuSigned by:
Robert Darzyniewicz
08D8A370C518436...

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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:

Telehealth Services USA

2. It is incorporated under the laws of: California

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:

Telehealth Services USA Inc.

(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: July 20, 2015

And the period of its duration is: **CHECK ONE BOX ONLY**

☑ Perpetual (on-going)

☐ Date certain for dissolution _____

5. The address of its principal office is:

10775 Pioneer Trail, Suite 215, Truckee, CA 96161

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name: Registered Agents Inc

Street Address (NOT a P.O. Box): 47 Wood Ave, Suite 2

City/Town	State	Zip Code
Barrington	RHODE ISLAND	02806

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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BY 173370

FORM 150 - Revised 12/2017

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
provide telehealth medical 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
Robert Darzyniewicz, M.D.	10775 Pioneer Trail, Suite 215, Truckee, CA 96161

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	Robert Darzyniewicz, M.D.	10775 Pioneer Trail, Suite 215, Truckee, CA 96161
VICE PRESIDENT		
TREASURER		
SECRETARY		

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
1,000,000	Common	N/A	No Par Value

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 %

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.)*

.003 %

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	Date
Robert Darzyniewicz, M.D.	6/14/2024

Signature of Authorized Officer of the Corporation

DocuSigned by:
Robert Darzyniewicz
08D8A57DC515436

SIGN DOCUMENT HERE

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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:

July 22, 2024 02:16 PM

Gregg M. Amore
Secretary of State