



**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 JRNYS MEDICAL, P.A.

**SECTION II**

It is incorporated under the laws of State: DE Country: USA

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

**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:

JRNYS MEDICAL, P.C.

*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 12/5/2024

and the period of its duration is ☒ Perpetual ☐

**SECTION V**

The location of its principal office is

No. and Street: 515 CONGRESS AVE

City or Town: AUSTIN

State: TX

Zip: 78701

Country: USA

**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BLVD., SUITE 200

City or Town: WARWICK

State: RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is INCORP SERVICES, INC.

**SECTION VII**

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

PROVIDE TELEHEALTH AND DIAGNOSTIC SERVICES

**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).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	HENRY LEGERE	515 CONGRESS AVE AUSTIN, TX 78701 USA
TREASURER	HENRY LEGERE	515 CONGRESS AVE AUSTIN, TX 78701 USA
SECRETARY	HENRY LEGERE	515 CONGRESS AVE AUSTIN, TX 78701 USA
SECRETARY	PRESTON LEGERE	515 CONGRESS AVE AUSTIN, TX 78701 USA
CEO	HENRY LEGERE	515 CONGRESS AVE AUSTIN, TX 78701 USA
CFO	HENRY LEGERE	515 CONGRESS AVE AUSTIN, TX 78701 USA
DIRECTOR	HENRY LEGERE	515 CONGRESS AVE AUSTIN, TX 78701 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).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	HENRY LEGERE	515 CONGRESS AVE AUSTIN, TX 78701 USA
TREASURER	HENRY LEGERE	515 CONGRESS AVE AUSTIN, TX 78701 USA
SECRETARY	HENRY LEGERE	515 CONGRESS AVE AUSTIN, TX 78701 USA
SECRETARY	PRESTON LEGERE	515 CONGRESS AVE AUSTIN, TX 78701 USA
CEO	HENRY LEGERE	515 CONGRESS AVE AUSTIN, TX 78701 USA
CFO	HENRY LEGERE	515 CONGRESS AVE AUSTIN, TX 78701 USA
DIRECTOR	HENRY LEGERE	515 CONGRESS AVE AUSTIN, TX 78701 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:

<b>Class of Stock</b>	<b>Series of Stock</b>	<b>Par Value Per Share</b>	<b>Total Authorized Shares</b> <i>Num of Shares</i>	
CWP			\$0.0100	5,000.00

**Signed this 6 Day of February, 2025 at 12:06:04 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 PRESTON LEGERE

Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

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# Delaware

The First State

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*I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JRNYS MEDICAL, P.A." 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 SIXTH DAY OF FEBRUARY, A.D. 2025.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JRNYS MEDICAL, P.A." WAS INCORPORATED ON THE FIFTH DAY OF DECEMBER, A.D. 2024.*

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



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SR# 20250412525

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in cursive script, reading "C. P. Sanchez".

**Charuni P. Sanchez, Secretary of State**

Authentication: 202872104

Date: 02-06-25



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:

February 06, 2025 12:04 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 and prominent.

Gregg M. Amore  
*Secretary of State*

