| State of Rhode Island and Providence Plantation | | ſ | | |
|---|---|---|---|----------------------|
| Department of State - Business So | ervices Division | I | | l |
| Cartificate of Authority | | | 201 C | C) Irn |
| Certificate of Authority FOREIGN Corporation | | | CORPO 2017 DEC | CR1 |
| → Filing Fee: \$310.00 minimum | | | | A C |
| | | | ATI | 250 |
| Pursuant to the provisions of RIGL <u>7-1.2-1405</u> , the u applies for a Certificate of Authority to transact busin | ndersigned foreign corporation here is a stand to the state of Rhode Island | nereby | PH DWS | ្រ្ ។ ក្រោះ បា |
| for that purpose submits the following statement: | | | 12 ° CIA | Ì |
| 1. The name of the corporation is: | | | m O | 1 |
| MedSave USA, Inc. | | | | |
| 2. It is incorporated under the laws of: Florida | · · · · · · · · · · · · · · · · · · · | | <u> </u> | _ |
| | | | ······································ | ł |
| 3. The name, if different, which it elects to use in Rh | | | | |
| (a) If the name of the corporation in its jurisdiction o "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island: | t incorporation does not contain of, then list the name of the corp | the word "corporation oration with the add | on", "company", lition of one of the | , |
| (b) If the corporate name is not available in Rhode I corporation will qualify and transact business in Rho filed with this application: 4. The date of its incorporation is: 03/28/2002 | ode Island as stated in the "Fictiti | ious Business Name | Statement" to be | • |
| And the period of its duration is: CHECK ONLY ON | E POY | <u>.</u> | | |
| Perpetual (on-going) | | | | |
| Date certain for dissolution | | | | |
| 5. The address of its principal office is: | | | | ┥ |
| 49 Wireless Blvd., Suite 140, Hauppage, NY 1 ⁻ | 1788 | | | |
| 6. The name and address of the initial registered ag | ent/office of in Rhode Island: | <u></u> | ······ | ┥ |
| Agent Name Corporation Service Company | | | | |
| Street Address (NOT a P.O. Box) 222 Jefferson Bo | ulevard, Suite 200 | | | - |
| City/Town Warwick | State RHODE ISLAND | Zip Code 02888 | | |
| | | | | |
| MAIL TO: | | ₿ ₿ ₿ ₩₩₩₩₩₩₩₩ | | ĺ |
| MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 | | DEC 04 20 | 17 12:40 | |
| Phone: (401) 222-3040 Website: www.sos.ri.gov | B | FILED DEC 04 20 | 019 | |
| | | | ····· | |

| | | | he transaction | of business in Rhode Island are: |
|--|---|---------------|--------------------|--|
| Health care risk ad | justment administrative | services | | |
| | | | | |
| 8. (a) The names and r state or country of whic | espective addresses of its th it is incorporated): | directors (| optional, unless | s directors are required under the laws of the |
| NAME | | | | ADDRESS |
| See attached list | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | Check the box to indicate an attachment. |
| (b) The names and n of the state or country of | espective addresses of its of which it is incorporated): | principal of | fficers (mandat | ory if directors are not required under the laws |
| OFFICE | NAME | | 1 | ADDRESS |
| PRESIDENT | See attached list | ; <u></u> , | | |
| VICE PRESIDENT | | | | |
| TREASURER | | | | |
| SECRETARY | | | | |
| | | | | Check the box to indicate an attachment. |
| 9. The aggregate numb par value, and series, if | er of shares which it has a any within a class, is: | uthority to i | issue; itemized | by classes, par value of shares, shares without |
| NUMBER OF SHARES | CLASS | | SERIES | PAR VALUE OR STATE NO PAR VALUE |
| 100 | Common | | | 0.01 |
| | | | | |
| | | _ | | |
| | | <u> </u> | | |
| | | | | |
| 10. (a) Estimate, in dol | llars, the value of all prope | | (b) Estimate, ir | n dollars, the value of the corporation's property |
| ocated: | on for the following year, w | herever | to be located w | vithin Rhode Island during the following year: |
| \$_1,154,528.07 | | | \$ <u>0</u> | |
| following year, whereve | he following year bears to | the value o | of all property of | e property of the corporation to be located f the corporation to be owned during the y 100 to obtain the percentage. |
| 0 % | | | | |

| 11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year. | | ross amount of business to be at or from places of business in wing year. | | | | |
|--|----------------------|---|--|--|--|--|
| \$ | \$_ <mark>50k</mark> | · · · · · · · · · · · · · · · · · · · | | | | |
| (c) Estimate, as a percentage , 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. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i> | | | | | | |
| <u> </u> | | | | | | |
| 12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document. | | | | | | |
| 13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX | | | | | | |
| ✓ Date received (Upon filing) | | | | | | |
| Later effective date (Date must be no more than 90 days from the day 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 | | | | |
| Lori Reel | | 11/1/2017 | | | | |
| Signature of Authorized Officer of the Corporation | | | | | | |
| Lou Reel | | | | | | |

10/13/2017

MedSave USA, Inc. Officers and Directors:

Officers

- President: Paul Roma, 49 Wireless Boulevard, Suite 140, Hauppage, NY 11788
- Vice President: Paul Parrish, 49 Wireless Boulevard, Suite 140, Hauppage, NY 11788
- Assistant Secretary & Chief Accounting Officer: Lori Reel, 49 Wireless Boulevard, Suite 140, Hauppage, NY 11788
- Assistant Secretary & Vice President: Ira Parker, 49 Wireless Boulevard, Suite 140, Hauppage, NY 11788

Directors

- Matthew Holt, 49 Wireless Boulevard, Suite 140, Hauppage, NY 11788
- Jack Qian, 49 Wireless Boulevard, Suite 140, Hauppage, NY 11788
- Albert Notini, 49 Wireless Boulevard, Suite 140, Hauppage, NY 11788
- Matthew Bennett, 49 Wireless Boulevard, Suite 140, Hauppage, NY 11788
- Paul Roma, 49 Wireless Boulevard, Suite 140, Hauppage, NY 11788

State of Florida **Department** of State

I certify from the records of this office that MEDSAVE USA, INC. is a corporation organized under the laws of the State of Florida, filed on March 28, 2002.

The document number of this corporation is P02000034578.

I further certify that said corporation has paid all fees due this office through December 31, 2017, that its most recent annual report/uniform business report was filed on April 24, 2017, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Ninth day of November, 2017



Ken Detron Secretary of State

Tracking Number: CU1746454906

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, 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:

December 04, 2017 12:40 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

