

F25000000805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

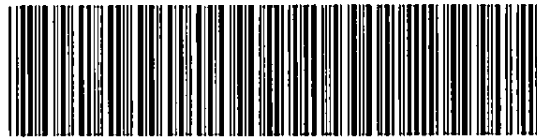
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200444228382

APPROVED
AND
FILED

2025 FEB 11 PM 2:57

CLERK OF SUPERIOR COURT
CALIFORNIA COUNTY

RECEIVED

2025 FEB 11 AM 9:59

CLERK OF SUPERIOR COURT
CALIFORNIA COUNTY

FEB 11 2025

K. Brumley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 02/11/2025

****WALK IN****

ENTITY NAME Mentis Technology, Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$78.75

ACCOUNT #: I20160000072

E & H

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mentis Technology, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Mentis Technology, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/30/2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 40 Burton Hills Blvd., Suite 415, Nashville, Tennessee 37215
(Principal office street address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

APPROVED
AND
FILED
2025 FEB 11 PM 2:57
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

 Asst Secretary
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Clay Whitson
☐ Vice Chairman Address: 40 Burton Hills Blvd., Suite 415
☒ Director Nashville, Tennessee 37215
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other ^{Chief Financial Officer} _____ ☐ Other _____

☐ Chairman Name: Gregory Daily
☐ Vice Chairman Address: 40 Burton Hills Blvd., Suite 415
☐ Director Nashville, Tennessee 37215
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other ^{Chief Executive Officer} _____ ☐ Other _____


☐ Chairman Name: Paul Maple
☐ Vice Chairman Address: 40 Burton Hills Blvd., Suite 415
☐ Director Nashville, Tennessee 37215
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other General Counsel ☐ Other _____

☐ Chairman Name: Rick Stanford
☐ Vice Chairman Address: 40 Burton Hills Blvd., Suite 415
☒ Director Nashville, Tennessee 37215
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Geoff Smith
☐ Vice Chairman Address: 40 Burton Hills Blvd., Suite 415
☐ Director Nashville, Tennessee 37215
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other SVP-Finance ☐ Other _____

☐ Chairman Name: Paul Christians
☐ Vice Chairman Address: 40 Burton Hills Blvd., Suite 415
☐ Director Nashville, Tennessee 37215
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other ^{Chief Revenue Officer} _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Paul Maple, General Counsel and Secretary
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MENTIS TECHNOLOGY, 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 TENTH DAY OF FEBRUARY, A.D. 2025.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MENTIS TECHNOLOGY, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2014.

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



C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 202899780

Date: 02-10-25

5666512 8300

SR# 20250467019

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