



Secretary of State
Statement and Designation by
Foreign Corporation

S&DC-S/N

For Office Use Only

-FILED-

File No.: 6386711

Date Filed: 9/12/2024

Must be submitted with a current **Certificate of Good Standing** issued by the government agency where the corporation was formed.

**Filing Fee – \$100.00 (for a foreign stock corporation) or
\$30.00 (for a foreign nonprofit corporation)**



Certified Copy Fee (Optional) - \$5.00

Note: Corporations may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov/>.

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1. **Corporate Name** (Go to www.sos.ca.gov/business/be/name-reservations for general corporate name requirements and restrictions.)
2. **Jurisdiction** (State, foreign country or place where this corporation is formed - **must match** the Certificate of Good Standing provided.)

Falcon Health, Inc.

Delaware

3. **Business Addresses** (Enter the **complete** business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

a. Initial Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
66 Sylvian Way	Los Altos	CA	94022
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
66 Sylvian Way	Los Altos	CA	94022
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code

4. **Service of Process** (Must provide either Individual **OR** Corporation.)

INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
Neil		Ahuja	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
66 Sylvian Way	Los Altos	CA	94022

CORPORATION – Complete Item 4c. Only include the name of the registered agent Corporation.

- c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 4a or 4b

5. **Read and Sign Below** (Office or title not required.)

I am a corporate officer and am authorized to sign on behalf of the foreign corporation.

Signature

Neil Ahuja

Type or Print Name

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FALCON HEALTH, 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 TWELFTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FALCON HEALTH, INC." WAS INCORPORATED ON THE SECOND DAY OF MAY, A.D. 2024.

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



3582810 8300

SR# 20243675541

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204381637

Date: 09-12-24

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