

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLIANCE FOR WELLNESS, 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:

PHILIP K. CLARKE, ESQ.

Name of Person

KASS SHULER, P.A.

Firm/Company

1505 N. FLORIDA AVE.

Address

TAMPA, FL 33602

City/State and Zip code

eserviceclarke@kasslaw.com

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

For further information concerning this matter, please call:

PHILIP K. CLARKE

at (813)

229-0900 (Ext. 1305)

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

FILED
19 JUN -5 PM 4:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- \$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. ALLIANCE FOR WELLNESS, 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. CALIFORNIA 3. 27-3711413
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 20, 2010 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. 14860 ROSCOE BOULEVARD, SUITE 200, PANORAMA, CA 91402
(Principal office address)

(Current mailing address, if different)

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

Name: PHILIP K. CLARKE, ESQ.

Office Address: 1505 N. FLORIDA AVE.

TAMPA, Florida 33602
(City) (Zip code)

SECRET
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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.

[Handwritten Signature]
(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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: TIMOTHY WELKE

Address: 9250 RESEADA BOULEVARD, #658

NORTHRIDGE, CA 91324

Director: _____

Address: _____

B. OFFICERS

President: ANIL SHARMA, M.D.

Address: 9250 RESEADA BOULEVARD, #658

NORTHRIDGE, CA 91324

Vice President: _____

Address: _____

Secretary: ANIL SHARMA, M.D.

Address: 9250 RESEADA BOULEVARD, #658, NORTHRIDGE, CA 91324

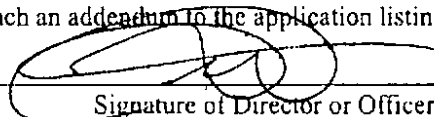
Treasurer: ANIL SHARMA, M.D.

Address: 9250 RESEADA BOULEVARD, #658, NORTHRIDGE, CA 91324

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SUMMER IAKH 31A1E
TALLAHASSEE FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. Timothy Welke, COO

(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ALLIANCE FOR WELLNESS, INC.

FILE NUMBER: C3321604
FORMATION DATE: 09/20/2010
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of May 20, 2019.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State