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Date:	06/09/2020				
Name:					
Reference	e #:1226718	 -			
		MEALTH MED, INC			
✓ Art	icles of Incorporation/Authorizat	ion to Transact Business			
☐ An	nendment				
Ch	ange of Agent				
☐ Re	instatement				
Co	onversion				
☐ Me	erger				
☐ Dis	ssolution/Withdrawal				
☐ Fic	ctitious Name				
Ot	her				
Authorize	d Amount: \$70.00				

F: 800.944.6607

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.

l.		Health Med, I				
	poration; must include "INCO p," "Inc," "Co," or "Corp.")	RPORATED," "CO	OMPANY,"	"CORPORATI	ON."	
(If name unavailab	le in Florida, enter alternate co	rporate name adopt	ed for the pi	urpose of transac	cting business in Flor	ida)
·.	DE	3				
(State or country	(State or country under the law of which it is incorporated)			(FEI number, if applicable)		
	5/28/2020	5			her than perpetual)	
(Date o	f incorporation)		(Date o	of duration, if oth	her than perpetual)	
	<u></u>	upon filing				
	(Date first transactions 607.	ted business in Flor 1501 & 607.1502, F			bility)	
_	9100 S. Dadeland E	3lv'd, Suite 1500	D, Miami,	Florida 3315	66	
·		(Principal of	fice address))		
•	((Current mailing add	dress, if diffe	erent)		
. Name and street	address of Florida registere	d agent: (P.O. Bo	ox <u>NOT</u> ac	ceptable)		anguz
Name:	COGENCY GLO	BAL INC.	_			·······
Office Address:	115 North Calhoun S	treet, Suite 4	-			
	Tallahass	ee	, Florida _	32301		<u></u>
	(City)			(Zip code)	CO	
esignated in this a arther agree to co	it's acceptance: d as registered agent and to pplication, I hereby accept inply with the provisions of miliar with and accept the	the appointment all statutes relati	as register ve to the p	ed agent and com	ated corporation a agree to act in this aplete performance	capacity
/S	/ Jacqueline Alme	ida				

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Director: __ Address: B. OFFICERS David Greenberg President: 9100 S. Dadeland Blv'd, Suite 1500 Address: Miami, Florida 33156 Vice President: Address: Secretary: reasurer: _____ OTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. /S/ David Greenberg Signature of Director or Officer : officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein true and that he or she is aware that false information submitted in a document to the Department of State constitutes ird degree felony as provided for in s.817.155, F.S. David Greenberg, President

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HEALTH MED, 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 FIFTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTH MED,

INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2020.

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

Authentication: 203059030

Date: 06-05-20