

F21000005894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

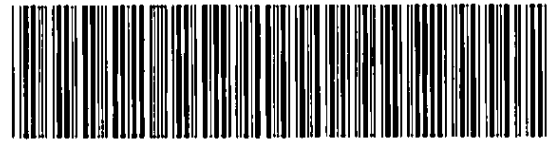
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 OCT 15 AM 8:54
STATE
ALLAHASSEE, FL

RECEIVED
2021 OCT 15 AM 11:52
STATE
ALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 971023 5171257
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 70.00

ORDER DATE : August 20, 2021
ORDER TIME : 11:02 AM
ORDER NO. : 971023-080
CUSTOMER NO: 5171257

FOREIGN FILINGS

NAME: LIFE EXTENSION INSTITUTE,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Life Extension Institute, 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:

David Levy, M.D.

Name of Person

EHE Health

Firm/Company

600 Fifth Avenue, 5th Floor

Address

New York, NY 10020

City/State and Zip code

lwest@che.health

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

For further information concerning this matter, please call:

Laura Wade West

at (212)

332-2383

Name of Person

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. Life Extension Institute, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 22-3230961
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/28/1993 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 600 Fifth Avenue, 5th Floor New York, NY 10020
(Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2021 OCT 15 4 05 PM
STATE OF 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.

Corporation Service Company

By: [Signature] assistant vice president
(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: David Levy, MD
 Vice Chairman Address: 600 Fifth Avenue, 5th Fl
New York, NY 10020
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other CEO

Chairman Name: Robin Devereux
 Vice Chairman Address: 600 Fifth Avenue, 5th Fl
New York, NY 10020
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

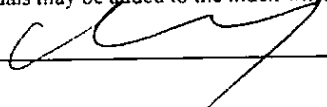
Chairman Name: Aly Champs
 Vice Chairman Address: 600 Fifth Avenue, 5th Fl
New York, NY 10020
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Marcos Blanco
 Vice Chairman Address: 600 Fifth Avenue, 5th Fl
New York, NY 10020
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other CFO

Chairman Name: Greg Mansur
 Vice Chairman Address: 600 Fifth Avenue, 5th Fl
New York, NY 10020
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other CCO

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ 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. David Levy, M.D., CEO _____
 (Typed or printed name and capacity of person signing application)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIFE EXTENSION INSTITUTE, 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 OCTOBER, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIFE EXTENSION INSTITUTE, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 1993.

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




Jeffrey W. Bullock, Secretary of State

2334604 8300

SR# 20213490004

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

Authentication: 204389126

Date: 10-12-21