F22000002752

(Requestor's Name)	
(Address)	
(Äddress)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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RECEIVED

S. ROBERTS MAY 0 4 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 641700 8372280						
AUTHORIZATION Spelle Man						
COST LIMIT : \$\frac{1}{20.00}						
ORDER DATE : April 27, 2022						
ORDER TIME : 2:46 PM						
ORDER NO. : 641700-005						
CUSTOMER NO: 8372280						
FOREIGN FILINGS						
NAME: CONNIE HEALTH INC.						
XXXX QUALIFICATION (TYPE: CO)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

	Registration Section Division of Corporations			
SUBJE	CCT. Connie Health Inc.			
SODUL		corporation	- must include suffix	
Dear Sir	r or Madam:			
"Certific	losed "Application by Foreign Corp cate of Existence," or "Certificate of eferenced foreign corporation to tran	f Good Stand	ding" and check are sub	
Please r	eturn all correspondence concerning	g this matter	to the following:	
Paloma l	Lopes			
		Name of F	Person	
Connie I	Health Inc.			
		Firm/Comp	pany	
23 Harva	ard Ave. 1			
		Addre	ss	
Brooklin	ie, MA 02446			
		City/State an	d Zip code	
	E-mail address:	(to be used fo	or future annual report	notification)
For furt	her information concerning this made	ter, please ca	all:	
Paloma I	Lopes	888 t (647-7330	
	Name of Person	Area Code	Daytime Telep	hone 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	
Please m	d is a check for the following amou ake check payable to: FLORIDA DEF 00 Filing Fee	ARTMENT Fee &	OF STATE \$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.

	corporation: must include "INCORPORATE Corp." "Inc." "Co." or "Corp.")	D," "C	OMPANY," "CORPORATION	r.	•
(If name unavai	lable in Florida, enter alternate corporate nan	ne adopt	ted for the purpose of transactin	g business in Florio	da)
Delaware		84-3534134			
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)			
08/21/2019		5.			
	(Date of incorporation) 5. (Date of duration)		(Date of duration, if other t	han perpetual)	
April , 2022					
23 Harvard Av	(Date first transacted business (SEE SECTIONS 607.1501 & 607 e. 1, Brookline, MA 02446	. 1502, F	S.s. to determine penalty liability	ıy)	
23 Harvard Av	(SEE SECTIONS 607.1501 & 607 e. 1, Brookline, MA 02446	. 1502, F		ly)	
23 Harvard Av	(SEE SECTIONS 607.1501 & 607 e. 1, Brookline, MA 02446 (Principal o	.1502, F	S.s. to determine penalty liability		
	(SEE SECTIONS 607.1501 & 607 e. 1, Brookline, MA 02446 (Principal o	.1502, F	F.S., to determine penalty liability reet address)		
	(SEE SECTIONS 607.1501 & 607 e. 1, Brookline, MA 02446 (Principal o	.1502, F	F.S., to determine penalty liability reet address)	2022 FIAY - 14	
Name and stre	(SEE SECTIONS 607.1501 & 607 e. 1, Brookline, MA 02446 (Principal of Current main and a control of the control	.1502, F	F.S., to determine penalty liability reet address)	2022 FIAY - 14	
Name and stre	(SEE SECTIONS 607.1501 & 607 e. 1, Brookline, MA 02446 (Principal of Current main and the et address of Florida registered agent: (Florida Corporation Service Company	ffice studing add	F.S., to determine penalty liability reet address)	2022 FIAY - 14	

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: My Mark A. V.P.

(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.

A. DIRECTORS			
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address: 23 Harvard Ave, 1	□Vice Chairman	Address:
□Director	Brookline, MA 02446	□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
Other CEO	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	☐ Treasurer
□Other	Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:		Address:
□ Director		Director	
□President		□President	
□Vice President		□Vice President	
Secretary	Treasurer	□Secretary	□Treasurer
□Other	□ Other	□Other	Other
Important Notice: Usindividuals may be a	se an attachment to report more than six (6). The attachment to report more than six (6). The attached to the index when filing your Florida Departm	nent of State Annual Rep	for reporting purposes only. Non-indexed ort form.
	Signature of Director	or Officer	
The officer or directorshe is aware that fals s.817.155, F.S. Oded Eran	or signing this document (and who is listed in numb e information submitted in a document to the Departure CEO	er 11 above) affirms that	t the facts stated herein are true and that he or es a third degree felony as provided for in

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CONNIE 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 THIRD DAY OF MAY, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONNIE HEALTH INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF AUGUST, A.D. 2019.

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

e at corp delaware gov/auti

Authentication: 203335395

Date: 05-03-22

7572024 8300 SR# 20221759379