## F22000003742

(F	Requestor's Name)			
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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S. FRANKLIN JUN 1 5 2022

## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT:	HELLO HEART INC.				
		Name	of corporation	- must include suffix		
Dear S	ir or M	adam:				
"Certif	îcate o	"Application by Foreign C f Existence," or "Certificat ced foreign corporation to	e of Good Stan	Authorization to Transact Busi ding" and check are submitted ss in Florida.	ness in Florida." to register the	
Please	return	all correspondence concert	ning this matter	to the following:		
ANGE	LINET	Aid				
			Name of 1	Person	207	
SAGEN	NT MA	NAGEMENT			2022 15.13	
			Firm/Com	pany	12	
691 S A	MILPIT	AS BLVD, STE 212			26	
			Addre	ess	7	
MILPI	TAS, C	A 95035			ب ب	
			City/State ar	nd Zip code		
SAGEN	STOPE	RATIONS@SAGENTMAN				
		E-mail addres	ss: (to be used f	or future annual report notifica	tion)	
For fur	ther in	formation concerning this	matter, please c	all:		
ANGE	LINE T	AN	408	2631040		
	Nam	e of Person	Area Code	) 2631040 : Daytime Telephone N	umber	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Section Division of Corporat P.O. Box 6327	Division of Corporations			
Please n	nake ch	check for the following an eck payable to: FLORIDA I ng Fee	DEPARTMENT ng Fee & 🗖	i \$78.75 Filing Fee & 🔲 5 Certified Copy	587.50 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.

_	adopted for the purpose of transacting business in Florida) 82-3489727
ider the law of which it is incorporated)	(FEI number, if applicable)
incorporation)	(Date of duration, if other than perpetual)
(SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)
(Principal offi	ng address, if different)  D. Box NOT acceptable)
(Current mailin	ng address, if different)
ldress of Florida registered agent: (P.C	D. Box: NOT acceptable)
	:
540 GLENWAY DR	<del></del>
ALLAHASSEE	, Florida 32301 (Zip code)
(City)	(Zip code)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 RD, #260, MENLO PARK, CA 94025  (Principal off (Current mailing ddress of Florida registered agent: (P.C.)  NCORPORATING SERVICES, LTD.  540 GLENWAY DR

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:	□Chairman	Name: MAAYAN COHEN
□Vice Chairman Address:	□Vice Chairman	Address:
□Director MENLO PARK, CA 94025	■Director	MENLO PARK, CA 94025
□President	□President	
○Vice President	□Vice President	
□Secretary □Treasurer	Secretary	□Treasurer
GFO Other	■Other CEO	
ZIV MELTZER		BRUCE ARMSTRONG
OChairman Name: ZIV MELTZER	⊒Chairman	Name: BRUCE ARMSTRONG  545 MIDDLEFIELD RD. #260
□Vice Chairman Address: 545 MIDDLEFIELD RD, #260	□Vice Chairman	Address:
MENLO PARK, CA 94025	₩Director	MENLO PARK, CA 94025
□ President	□President	
□Vice President	□Vice President	
☐Secretary ☐Treasurer	Secretary	☐Treasurer >
□Other	Other	
		SOMESH DASH 26
☐Chairman Nanie: JOHN MALLOY	□Chairman	Name:
☐Vice Chairman Address: 545 MIDDLEFIELD RD, #260	□Vice Chairman	Address: 545 MIDDLEFIELD RIZ #260 .
MENLO PARK, CA 94025	<b>■</b> Director	MENLO PARK, CA 94025
□ President	□President	
□Vice President	□Vice President	
☐Secretary ☐Treasurer	☐ Secretary	☐Treasurer
□Other □ □Other □	□Other	□Other
Important Notice: Use an attachment to report more than six (6). The a individuals may be added to the index when filing your Florida Departure.	iment of State Annual Re	eport form.
Signature of Direct	or or Officer	
The officer or director signing this document (and who is listed in nunshe is aware that false information submitted in a document to the Deps.817.155, F.S.  JONY HARTONO (CFO)	nber 11 above) affirms th	nat the facts stated herein are true and that he or

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

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HELLO HEART 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 SIXTH DAY OF MAY, A.D. 2022.

2022 HAY 26 PH 7: 11

6588557 8300 SR# 20221679864

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203347846

Date: 05-06-22