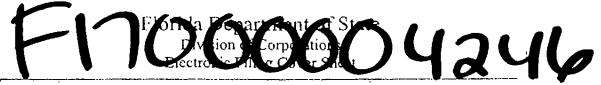
Division of Corporations



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(((H17000248796 3)))



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To:

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Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300

Fax Number '

: (608)827-5501

Appendix his files com Email Address: agent abizhlings. com

Enter the email address for this business entity to be used for future

FOREIGN PROFIT/NONPROFIT CORPORATION 813 health Corp.

Certificate of Status	0
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Help

J. HARRIE

813 health Corp.

Page 3 of 4

H170002487963

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.

	·	opted for the pulpose of transacting business in Floric	la)
Delaware	3	82-2061047 (FEI number, if applicable)	
•	under the law of which it is incorporated)	(FEI number, if applicable)	
6/27/2017	of incorporation)	Perpetual (Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
Upon Filing			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		
1190 E Washin	gton S716, Tampa, Florida 33602	يجم	D .3
	•	office address)	HH SEP 21
(Current mailing address, if different)		- 5	
		in the state of th	. 12
Name and stree	taddress of Florida registered agent: (P.O.	Box NOT acceptable)	, <u> </u>
Name:	Business Filings Incorporated	<u>.</u> `.	PH 12:
ice Address:	1200 South Pine Island Road	"a" "dan bn	. 23 23
	Plantation	Florida 33324	
	(City)	, Florida33324	

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)

H170002487963

11. Names and business addresses	of officers and/or directors;		
A. DIRECTORS			
Cheirman:			
Address:			
Vice Chairman:			
Chairteachas Davis			
Address: 1190 E Washington S716			
B. OFFICERS Christopher Rosers			
President: Christopher Rogers	71.7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Address: 1190 E Washington St S	/To, Tampe, Fforda 33602		1122
		<u></u>	<u>~</u>
Vice President: Christopher Rogers			en (∕1"− en (∕1"−
	716, Tampa, Florida 33602	22	
			PH
		· *	<u>.</u>
Address: 1190 E Washington St S	716, Tampa, Florida 33602	न्दी ≽-	23
Christopher Rogers Treasurer:			
Address: 1190 B Washington St S			
NOTE: It necessary, you may and	nch an addendum to the application listing additional officers and/or director	11 3.	
12	Signature of Director or Officer		
The officer or director signing this are true and that he or she is aware a third degree felony as provided for	document (and who is listed in number 11 above) attirms that the facts statiat false information submitted in a document to the Department of State	ted here constitu	in ites
13. Christopher Rogers, President			.
(Typed or	printed name and capacity of person signing application)		



Page 1

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

DELAWARE, DO HEREBY CERTIFY "813 HEALTH CORP." 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2017.

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

Authentication: 203256161

Date: 09-20-17