

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Adelda Health, 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:

Clive Simnock

Name of Person

Adelda Health, Inc.

Firm/Company

607 Main Avenue Suite 200

Address

Norwalk, CT 06851

City/State and Zip code

csimnock@starrefining.com

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

For further information concerning this matter, please call:

Clive Simnock

Name of Person

at (914) 764-5180

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$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. Adelda Health, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. CONNECTICUT 3. 27-3784689
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/28/2010 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 607 Main Avenue Suite 200
(Principal office address)

Norwalk, CT 06851
(Current mailing address)

8. Wholesale - Dental Materials
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Clive Simnock


Office Address: 901 Northpoint Parkway, Suite 104

West Palm Beach, Florida 33407
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. 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.



(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Clive Simnock

Address: 9078 Limestone Lane

Naples, FL 34120

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Clive Simnock

Address: 9078 Limestone Lane

Naples, FL 34120

Vice President: _____

Address: _____

Secretary: Clive Simnock

Address: 9078 Limestone Lane, Naples, FL 34120

Treasurer: Clive Simnock

Address: 9078 Limestone Lane, Naples, FL 34120

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Clive Simnock, President

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

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

ADELDA HEALTH, INC.

a domestic STOCK corporation, was filed in this office on November 03, 2010, a certificate of
dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the
records of this office such corporation is in existence.



Secretary of the State

Date Issued: July 02, 2014

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SECRETARY OF STATE
HALLAMSBOROUGH, CONNECTICUT