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(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

Di	gistration Section vision of Corpora	tions			
SUBJEC'	T: Class	ical He	Meopa,	thy, hc.	
				- must include suffix	
Dear Sir or	Madam:				
"Certificate	• •	r "Certificate o	f Good Stan	ding" and check are sub	ect Business in Florida," omitted to register the
Please retu	rn all corresponde	ence concernin		to the following:	
			Name of F	erson	
	19551001	to med	pathy 1	/ne	
12	lassicil 15 NW	222	Firm/Comp	oany	
	Octray Be	ech, 1-	<u>-</u> _	d Zip code	·
	1		City/State an	d Zip code	_
	teve@ ho,	neopathy	- Cc	rer com	
	Е	-mail address:	(to be used fo	or future annual report	notification)
For further	information conc	erning this ma	tter, please ca	ill:	
_Stc	uca Walo	stein a	16201)	65
Na	ame of Person		Area Code	Daytime Telep	hone Number
Reg	REET/COURIE gistration Section vision of Corporat			MAILING A Registration S Division of Co	ection
	fton Building		P.O. Box 6327		
	61 Executive Centilahassee, FL 323			Tallahassee, F	L 32314
Enclosed is	a check for the fo	ollowing amou	nt:		
□ \$70.00 1	Filing Fee	\$78.75 Filing Certificate of		\$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

(Enter name of co	rporation; must include "INCO		OMPANY," "CORPORAT	TION,"	
(If name unavailab	ele in Florida, enter alternate c	orporate name adop	ted for the purpose of transa	acting business in F	lorida)
Colo	(State or country under the law of which it is incorporated)			-9773	
(State or country	1 - 1011				
	of incorporation) \$\frac{1}{6}\$	<i>3.</i>	(Date of duration, if other than perpetual)		
1245	(Date first transactions) (SEE SECTIONS 607) WW 22	1501 & 607 1502	rida, if prior to registration) F.S., to determine penalty lister of the second	ability)	
		(Principal of			
	address of Florida registere Steven Wald 1245 NW Delray Boach (City)		ox <u>NOT</u> acceptable)	ECRETARY OF STATE	
Registered agen laving been name esignated in this a urther agree to cou		o accept service o t the appointment f all statutes relati	f process for the above so as registered agent and ve to the proper and con	tated corporation agree to act in th nplete performan	is capacity.
	•	ha li			

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. Names and business addresses of officers and/or directors: Chairman: Steven Waldstein

Address: 1247 NW 2210 Auc

Delray Beal 1 FL 33447

Vice Chairman: Aviva Waldstein A. DIRECTORS Address: _____ Director: **B. OFFICERS** President: Steven Waldrien Address: Vice President: Secretary: Alua Waldh

Address: _____CME 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. ___ Steven Wildows

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

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

CLASSICAL HOMEOPATHY, INC.

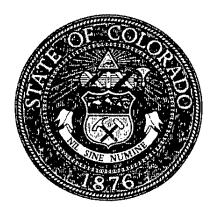
is a

Corporation

formed or registered on 02/22/1994 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19941020797.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/22/2016 that have been posted, and by documents delivered to this office electronically through 07/26/2016 @ 09:20:24.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/26/2016 @ 09:20:24 in accordance with applicable law. This certificate is assigned Confirmation Number 9756830



Hoggen W. Williams

Secretary of State of the State of Colorado

********End of Certificate***********

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."