Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number

: (954)208-0845 uf

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

FOREIGN PROFIT/NONPROF部 CORPORATION

Restorix Health, Inc.

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\$78.75

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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.

ī.	RESTORIX HE			
	(Enter name of co	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,	" "COMPANY," "CORPORATION,"
	(If name unavails	ble in Florida, enter alternate corporate na	ne	adopted for the purpose of transacting business in Florida)
2.	Nevada		3.	
	(State or country	under the law of which it is incorporated)		(FEI number, if applicable)
4.	07/02/1986		5.	Perpetual :
	(Date	of incorporation)		(Date of duration, if other than perpetual)
6.				
		(Date first transacted busines	s i	n Florida, if prior to registration) 502, F.S., to determine penalty linbility)
			, , ,	302, F.S., to determine pointry informacy
7.	445 Hamilton Ave	e., Ste. 800, White Plains, NY 10601		
		(Prir	rci	oal office address)
	same			* *
		(Current ma	ilir	ng address, if different)
8.	Name and stree	t address of Florida registered agent: (P.C	D. Box NOT acceptable)
	Name:	C T Corporation System		
Oí	ffice Address:	1200 South Pine Island Road		
		Plantation		, Florida <u>33324</u>
		(City)		(Zip code)

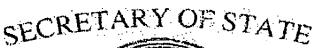
9. Registered agent's acceptance:

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 camply 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.

> C T Corporation System Michael Seraphin Asst. Secretary
> (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 pustody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names	and business addresses of officers and/or directors:			
A: DIREC	TFORS SEE ATTACHMENT			
Chairman: _				
Address:		·		
	<u> </u>		<u></u> -	
Vice Chairm	nati:			
Address:				
Director: S	teve McLaughlin			
Address: 4	45 Hamilton Ave., Ste. 800	,		
	Phite Plains, NY 10601			
Director:				
Address:		····		
B. OFFIC	TERS		18	
President:]	Dave Walz	<u>;. (</u>	837	
Address: 4	45 Hamilton Ave., Ste. 800	- 81		
74	White Plains, NY 10601	<u>:::</u>		
Vice Presid	ent:	- 		
		<u></u>	6	
_				4 4 14 14 14 1 T
Secretary:	Steven McLaughlin			
Address: 4	45 Hamilton Ave., Ste. 800. White Plains, NY 10601			
Trensurer:	Patrick Seiler			
Address: 4	145 Hamilton Ave., Ste. 800, White Plains, NY 10601			
NOTE: 1	f necessary, teaming awach an addendum to the application listing additional officers	and/or direc	tors.	
12.	17			
	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) aftirms that	it the facts s	tated ho	ercin
are true ar	id that he or sho is aware that false information submitted in a document to the Depart gree felony as provided for in s.817.155, F.S.	ment of Stat	ie const	itutes
13. Patric	k Seiler Lto			
	(Typed or printed name and capacity of person signing application)			





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the enstedian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limitedpartnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Neverla Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate evidence, RESTORIX HEALTH, INC., as a corporation duly organized under the laws Nevada and existing under and by virtue of the laws of the State of Nevada since July 2, 186, and is in good standing in this state.

Electronic Certificate Certificate Number: C20180201-1757 You may verify this electronic certificate online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereinto set my hand and affixed the Great Seal of State, at my office on February 1, 2018. Bouhara K. Cegarste

Barbara K. Cegavske Secretary of State