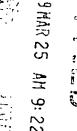
(Re	equestor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Business Entity Name)		
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





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2019 HAR 25 AM 9: 22



Incorporating Services, Ltd.

3500 S DuPont Highway Dover, DE 19901 302.531.0855

Fax: 302.531.3150 www.Incserv.com

e-mail: accounting@incserv.com

incserv²

Submit 2nd

ORDER FORM

Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 3/25/2019

PRIORITY 24 Hours

OUR REF # (Order ID#) 731579

ORDER ENTITY

CHOOSE HEALTH, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

CHOOSE HEALTH, INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized_

Email address for annual report reminders: james@choosehealth.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, March 25, 2019 Page 1 of I



2019 MAR 25 AM 9: 22

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. Choose 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) Delaware (State or country under the law of which it is incorporated (FEI number, if applicable) March 22, 2019 Perpetual (Date of duration, if other than perpetual) (Date of incorporation) March 23, 2018 (bid 0000 581J) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1150 Central Ave., Naples, FL 34102 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) James T. Murphy Name: 1150 Central Ave. Office Address: Naples (City) 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

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)

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.

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

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
James T. Murphy
Director:
Address:
David Perlmutter Director:
1150 Central Ave., Naples, FL 34102 Address:
Addiess.
D. APPLICABLE
B. OFFICERS James Murphy
President:
Address:
James Murphy Vice President:
1150 Central Ave., Naples, F1, 34102 Address:
Audes.
James Murphy
Secretary:
Address:
Treasurer: 1150 Central Ave., Naples, FL 34102
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. James Murphy
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.
James Murphy
13
(Typed or printed name and capacity of person signing application)

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CHOOSE HEALTH, 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 TWENTY-FIFTH DAY OF MARCH, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHOOSE HEALTH,

INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF MARCH, A.D.

2019.

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

Authentication: 202510029

Date: 03-25-19