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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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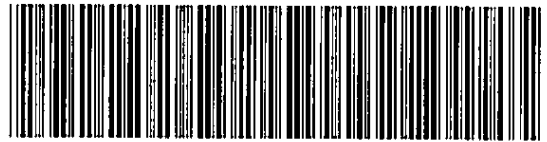
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Y SCOTT
JUN 17 2019



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NxGen Wellness 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:

Angel Burgos Rosado

_____	Name of Person
NxGen Wellness Inc.	
_____	Firm/Company
4350 Oakes Road, Unit 510	
_____	Address
Davie FL 33314	
_____	City/State and Zip code
compliance@pytgcorp.com	
_____	E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Angel Burgos Rosado	954	990-4755
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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. NxGen Wellness Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Leafywell.com

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

2. Colorado 3. 84-1915453
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/29/2019 5. NA
(Date of incorporation) (Date of duration, if other than perpetual)

6. Has not transacted business in Florida
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4350 Oakes Road, Unit 510, Davie FL 33314
(Principal office address)
4350 Oakes Road, Unit 510, Davie FL 33314
(Current mailing address, if different)

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

Name: Angel Burgos Rosado

Office Address: 2645 Executive Park Drive, Suite 163

Weston, Florida 33331
(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 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)

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.

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

A. DIRECTORS

Chairman: NA

Address:

Vice Chairman: NA

Address:

Director: Carlos Hurtado ✓

Address: 4350 Oakes Road, Unit 510,

Davie FL 33314

Director: Angel Burgos Rosado ✓

Address: 4350 Oakes Road, Unit 510,

Davie FL 33314

B. OFFICERS

President: Carlos Hurtado ✓

Address: 4350 Oakes Road, Unit 510,

Davie FL 33314

Vice President: Angel Burgos Rosado ✓

Address: 4350 Oakes Road, Unit 510,

Davie FL 33314

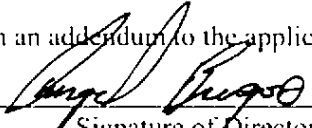
Secretary: Angel Burgos Rosado ✓

Address: 4350 Oakes Road, Unit 510, Davie FL 33314

Treasurer: Angel Burgos Rosado ✓

Address: 4350 Oakes Road, Unit 510, Davie FL 33314

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

12. 
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. Angel Burgos Rosado, Secretary, Treasurer and Director

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

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TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

NxGen Wellness Inc.

is a

Corporation

formed or registered on 05/29/2019 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 20191451427.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/28/2019 that have been posted, and by documents delivered to this office electronically through 05/30/2019 @ 13:39:03.

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 05/30/2019 @ 13:39:03 in accordance with applicable law. This certificate is assigned Confirmation Number 11603698.



Jena Griswold

Secretary of State of the State of Colorado

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ALLAHASSEE, FLORIDA

*****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, 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, or click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."