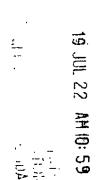
## FIGCEO38

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 851596 4802976

AUTHORIZATION :

COST LIMIT : \$ 70./00\_

ORDER DATE : July 18, 2019

ORDER TIME : 10:27 AM

ORDER NO. : 851596-005

CUSTOMER NO: 4802976

DODDIEN ----

FOREIGN FILINGS

NAME: THE HEALTHY AGING COMPANY,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

## 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.		ing Company, Inc.				
•	(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORAT	NOI,"		
	(If name unavail:	able in Florida, enter alternate corporate name a	dopted for the purpose of trans-	acting business in Florida	 a)	
2.	Delaware	3.				
4	June 6, 2019		(FEI number,	if applicable)	·	
4.	. (Date of incorporation) 5.		(Date of duration, if other than perpetual)			
б.				110	<b></b>	
7.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) F. c/o Loeb & Loeb LLP, 345 Park Avenue, New York, NY 10154  (Principal office address)					
		(Current mailing	g address, if different)	4: 21 STATE ORIDA		
8.	Name and stree	et address of Florida registered agent: (P.O.	. Box <u>NOT</u> acceptable)			
	Name:	Corporation Service Company				
O:	ffice Address:	1201 Hays Street	· 			
		Tallahassee	, Florida			
		(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.

Corporation Service Company

By: Roxanne Turner

Asst. Vice President

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Christian Bréchot Chairman: c/o Loeb & Loeb LLP Address: 345 Park Avenue, New York, NY 10154 Vice Chairman: Address: \_ Director: \_\_ Address: **B. OFFICERS** Christian Brechot \ President: c/o Loeb & Loeb LLP Address: 345 Park Avenue, New York, NY 10154 Vice President: Address: Philippe C.M. Manteau 🗸 Secretary: c/o Loeb 7 Loeb LLP, 345 Park Avenue, New York, NY 10154 Address: Christian Bréchot Treasurer: c/o Loeb 7 Loeb LLP, 345 Park Avenue, New York, NY 10154 Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is risted 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. Philippe C.M. Manteau, Secretary

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THE HEALTHY AGING COMPANY, 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 EIGHTEENTH DAY OF JULY, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE HEALTHY AGING COMPANY, INC." WAS INCORPORATED ON THE SIXTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

ZZ PM 4:21 SSFF FLODIO

Jeffrey W. Bullock, Secretary of State

Authentication: 203243872

Date: 07-18-19

7455492 8300 SR# 20196046015