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TO:	Registration Section Division of Corporations			
SUBJ	ECT: One Infusion, Inc.			
0020		of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	iclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stand	ling" and check are subn	
Please	return all correspondence concerni	ng this matter	to the following:	
Richard	d Duong			
		Name of F	Person	
One In	fusion, Inc.			
-		Firm/Comp	pany	
9127 F	ox Sparrow Road			
		Addre	SS	<u>-</u>
Tampa	, FL 33626			
		City/State an	d Zip code	· · · · · · · · · · · · · · · · · · ·
rduong	8@gmail.com			
	E-mail address	: (to be used fo	or future annual report no	otification)
For fu	rther information concerning this m	atter, please ca	all:	
Richard Duong		980 at (_) 622-7124 Daytime Teleph	
	Name of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please	ed is a check for the following amo make check payable to: FLORIDA DE .00 Filing Fee	EPARTMENT g Fee & 🗆	OF STATE \$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

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.

One Infusion, In	nc.		
	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
	oper Infusion, Inc.		
(If name unavail	able in Florida, enter alternate corporate name add	pted for the purpose of transacting business in Flor	ida)
Delaware 2.	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
August 27, 2019	5		
(Date	of incorporation) 5	(Date of duration, if other than perpetual)	
_ n/a			
)	(Date first transacted business in Fl	orida if prior to registration)	<u>.</u>
	(SEE SECTIONS 607.1501 & 607.1502		
, 9127 Fox Sparrov	w Road, Tampa, FL 33626		
·- 	(Principal office	street address)	
	(Current mailing a	ddress, if different)	2020
	, ,	,	9-75 33-
3. Name and stree	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	A PR
	Richard Duong		
Name:	- Techard Duong		
Office Address:	9127 Fox Sparrow Road	 	A A A
	Tampa	Florida 33626	·新 9
	(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.

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.

A. DIRECTORS								
Chairman	Name:	□ Chairman	Name:	Mychkovsky				
□Vice Chairman	Address: 9127 Fox Sparrow Road	■Vice Chairman	Address: 2201 Wilson Blvd					
□Director	Tampa, FL 33626	□Director	Apartment 720					
□President		President	Arlington, VA	22201				
□Vice President		☐Vice President						
☐ Secretary	☐ Treasurer	☐ Secretary		□Treasurer				
□ Other	Other	□Other		Other				
□ Chairman	Name:	□ Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
Director		Director						
□President		President						
□Vice President		□Vice President			**************************************	171		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer		APR		
□Other	Other	Other		Other	2017-01 2017-01 72 75	13 B		
□ Chairman	Name:	□ Chairman	Name:		WING T	10:01		
	Address:	□Vice Chairman						
□Director		□Director	-					
□President		□President		· · · · · · · · · · · · · · · · · · ·				
□Vice President		□Vice President		<u>.</u>				
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer				
☐ Other	□ Other	□ Other		□Other				
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departme Signature of Director of the signing this document (and who is listed in number	nt of State Annual Re	port form.					
	alse information submitted in a document to the Departs	ment of State constitu	tes a third degree					
13	Richard Duong, Chairm (Typed or printed name and capacity of perso	on signing application)					

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ONE INFUSION, 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 SECOND DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONE INFUSION, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2019.

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

Authentication: 202699175

Date: 04-02-20