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COVER LETTER

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TO: Registration Section Division of Corporations

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SUBJECT: _____ Capital Health Ventures, 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:

Andrew W Russo

	Name o	f Person	
Capital Health Ventures, Inc.			
	Firm/Co	mpany	<u> </u>
1323 SW 23rd Street			
	Ado	tress	
Fort Lauderdale, FL 33315			
	City/State	and Zip code	
arusso@CapitalHealthVentures.com			
E-mail add	ress: (to be used	I for future annual report	notification)
For further information concerning th Andrew W Russo	is matter, please at (call:	
Name of Person	at (Area Co	de Daytime Tele	phone Number
STREET/COURIER ADDE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING A Registration Division of C P.O. Box 633 Tallahassee.	Section Corporations 27
		T 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.

Capital Health Ventures, Inc.

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transa	cting business in Florida		
Delaware 2.	3.				
(State or country under the law of which it is incorporated) 3.		(FEI number, if applicable)			
8/20/2019	5.				
(Date	of incorporation)	(Date of duration, if ot	(Date of duration, if other than perpetual)		
No transactions	as of yet. Currently setting up operations				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502				
1323 SW 23rd St	reet (Fort Lauderdale, FL 33315)				
	(Principal office	street address)			
	(Current mailing	address, if different)			
. Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)			
Name:	Andrew W Russo				
Office Address:	1323 SW 23rd Street				
	Fort Lauderdale	Florida			
	(City)	(Zip code)			
). Registered ag	ent'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.

A. DIRECTORS

□Chairman	Gonzało Vazquez Name:	□Chairman	Andrew Russo Name:
□Vice Chairman	200 South Gordon Road	□Vice Chairman	Address:
Director	Fort Lauderdale, FL 33301	Director	Fort Lauderdale, FL 33315
President President		□President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	□Other	□Other	□Other
Chairman	L. Jack Staley	□Chairman	Name:
□ Vice Chairman	Address:		Address:
Director	Fort Lauderdale, FL 33301	Director	
President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer		
Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
	Address:	□Vice Chairman	
	Address:		Address:
Director		Director	,,,
□President		□President	
□Vice President		□Vice President	
Secretary	Treasurer		
Other	Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

Andruh Russo 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. Andrew Russo, Director and Treasurer

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAPITAL HEALTH VENTURES 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 EIGHTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPITAL HEALTH VENTURES INC." WAS INCORPORATED ON THE TWENTIETH DAY OF AUGUST, A.D. 2019.



Jaffres stary of State

Authentication: 202735176

Date: 04-08-20

Page 1

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SR# 20202584648 You may verify this certificate online at corp.delaware.gov/authver.shtml