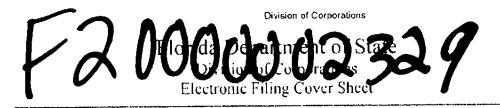
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 Please honor original date 04/10/2020

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Emsil.	Address:			

AECENED May 21 Auto

## FOREIGN PROFIT/NONPROFIT CORPORATION

#### Roman Health Ventures Inc

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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### 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 FLÓRIDA.

		ealth Ventur		
(Enter name of col "Inc" "Co" "Co	rporation; must include "INCORPO rp." "lav." "Co." or "Corp.")	ORATED," "CO	MPANY," "CORPORATION,"	
(If name maivaila)	ole in Florida, enter alternate corps	inte name udop	ed for the purpose of transacting busine	ss in Florida)
			00.1005514	
(State or country	under the law of which it is incorp	nomiedi	(FEI number, if applicable	)
	4/5/2017			
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)	
	· · · · · · · · · · · · · · · · · · ·	(Prinçipal e	Brd Street, 4th Floor, New York Mice address) Idress, if different)	
Name and stree	address of Florida registered CT Corporation System	ngent: (P.O. B	ox <u>NOT</u> acceptable)	2020 F 2 I
ffice Address:	1200 South Pine Island Road		-	-
	Plantation.		Florida	
	(City)		(Zip code)	ت ن

#### 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.

C T Corporation System

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.

To:	Page	5	of	6
	rage	~	٠.	~

11. Names and busine	ess addresses of officers and/or directors:	
A. DIRECTORS		
Chalenson:		
Address;		
	Zachariah Reitano	
Address:	116 W. 23rd Street, 4th Flo	oor, New York, NY 1001
	Rob Schutz	
Address:	116 W. 23rd Street, 4th Floor	
B. OFFICERS		
President:	Zachariah Reitano	
	116 W. 23rd Street, 4th Floor	
Address:		) E
Secretary:	Saman Rahmanian	200
	116 W. 23rd Street, 4th Fl	• -
Treusurer:	SamanRahmanian	그 그
Address:	116 W. 23rd Street, 4th Floo	
NOTE: If necessary	you may attach an addendain to the application listing additional officer	s and/or-directors.
12	Signature of Director or Officer	
are true and that he or :	signature of Director or Officer signing this document (and who is listed in number 11 above) affirms to she is aware that false information submitted in a document to the Depa is provided for in \$1817.155, F:S.	hat the facts stated herein runem of State constitutes
13.	Zachariah Reitano, CEO	
	(Typed or printed name and capacity of person signing application)	

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ROMAN 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 TENTH 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2020 E7\*\* 21 PH 9: 56

Authentication:

6370575 8300 SR# 20202745597 Authentication: 202750418

Date: 04-10-20