F20000004056

(Requestor's Name)			
(A	(ddress)		
(A	(ddress)		
(C	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
	Business Entity Name)		
,-			
	Ocument Number)		
(C	ocument Number)		
		•	
Certified Copies	Certificates of	Status	
Special Instructions to	o Filing Officer:		

Office Use Only



000350933920

RECEIVED

AUG 3 1 2020

09/01/20--01007--002 **78.75

2020 J. 1.3 1 | B.T. 9: 0 J

5m/4/20

COVER LETTER

_	tration Section ion of Corporations				
SUBJECT:	Vytalize Health, Inc.				
		of corporation	- must include suffix		
Dear Sir or M	adam:				
"Certificate o	"Application by Foreign C f Existence," or "Certifica ced foreign corporation to	te of Good Stand	ling" and check are subr		
Please return	all correspondence concer	ning this ma tte.	to the following:		
Alexander C. I	² alasek				
		Name of I	Person		
Alexander C. I	Palasek, Esq., PLLC				
	· · · · ·	Firm/Com	pany		
14 Vidoni Plac	ee				
		Addre	88	•	
Huntington, N	ew York 11743				
		City/State at	nd Zip code		
alex@acpalase					
	E-mail addre	ss: (to be used f	or future annual report no	otification)	70
For further in	formation concerning this	matter, please c	all:		2070 ! ' `
Alexander C. I	Palasek	516 at (644-6237		. ; <u>ယ</u>
Nam	e of Person	Area Code	Daytime Teleph	ione Number	_
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration So Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following ar neck payable to: FLORIDA ing Fee	DEPARTMENT ing Fee & ■	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Fil Certificate Certified	e of Status 8

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. Vytalize Health	, Inc.			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION,"		-
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting busine	ss in Florida)	-
2. Delaware	3			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable))	_
4. October 6, 2016	5			
	of incorporation)	(Date of duration, if other than perp	oetual)	_
6				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502			_
7. 2 Hudson Place, I	Floor 6, Hoboken, NJ 07030			
	(Principal office	street address)		_
	(Current mailing	uddress, if different)		
	et address of Florida registered agent: (P.O Corporation Service Company	Box <u>NOT</u> acceptable)	2020 /	7
Name:		_	<u>ယ်</u>	- J
Office Address:	1201 Hays Street		77	
	Tallahassee	Florida 32301	<u></u>	
	(City)	(Zip code)	: ⊕2	_
designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes reli with and accept the obligations of my posit	nt as registered agent and agree to act utive to the proper and complete perfo	ration at the t in this capa	icity. 4
_	(Registered agent's sign	ature)		
	(Negimered agent is rigi			

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.

□Chairman □Vice Chairman □Director	Name: Faris Ghawi Name: 2 Hudson Place Address: Floor 6 Hoboken, NJ 07030	□Chairman □Vice Chairman ■Director	Name: Omar Ghawi Name: 2 Hudson Place Address: Floor 6 Hoboken, NJ 07030	
□ President □ Vice President □ Secretary □ Other	□Treasurer	☐ President ☐ Vice President ☐ Secretary ☐ Other	☐Treasurer	
■ Director □ President □ Vice President □ Secretary	Amer Alnajar, MD Name: 2 Hudson Place Address: Floor 6 Hoboken, NJ 07030	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Name: Robert Howe	
	Omar Elrabie Name: 2 Hudson Place Address: Floor 6 Hoboken, NJ 07030	□Other □Chairman □Vice Chairman □Director □President □Vice President □Secretary	Dother	
Other				

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.

, Faris Ghawi, CEO, Director



Date: 08-24-20



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

DELAWARE, DO HEREBY CERTIFY "VYTALIZE HEALTH, 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 TWENTY-FOURTH DAY OF AUGUST, A.D.

2020.

Jeffrey W. Budioch, Secretary of State

Authentication: 203527851

6174525 8300

SR# 20206902288