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COVER LETTER

ΓO: Registration Section Division of Corporations			
SUBJECT: Garner Health Technology	ogy, Inc.		
<u>N </u>	ame of corporation - mu	ist include suffix	
Dear Sir or Madam:			
	ficate of Good Standing	orization to Transact Business in Flor and check are submitted to register t Florida.	
Please return all correspondence con	ocerning this matter to th	ne following:	
Reagan Russell			
	Name of Perso	on	
Patton Compliance			
	Firm/Company	,	
3122 Mahan Drive, Suite 801-250			
	Address		
Tallahassee, FL 32308			
	City/State and Zi	p code	
reugan@pattoncompliance.com			
E-mail ad	ldress: (to be used for fu	ture annual report notification)	,
For further information concerning t	his matter, please call:		• •
Reagan Russell			
Name of Person	at (\frac{850}{2000}) \frac{5}{2}	44-6732 Daytime Telephone Number	
Name of Person	Area Code	Dayisme Tetephone Number	.=-
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	.,
	DA DEPARTMENT OF 3 Filing Fee & \$78	STATE 8.75 Filing Fee & S87.50 Filin rtified Copy Certificate of Certified Co	of Status &

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.

f name unavaila	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting busi	ness in Florida)		
) aloumea					
State or countr	y under the law of which it is incorporated)	(FEI number, if applicab	de)		
0/23/2019	5				
(Date of incorporation)		(Date of duration, if other than p	(Date of duration, if other than perpetual)		
() Broome Stree		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)			
ttn: Legal, 64-B	leecker Street # 103, New York, NY 10012	ffice <u>street</u> address) ing address, if different)			
Vame and <u>stree</u> Name:	at address of Florida registered agent: (P. Corporation Service Company	-	** 1		
	1201 Hays Street		. •		
ice Address:	Tallahassee	. Florida <u>32301</u>			
ice Address:		(Zip code)	· ·		
fice Address:	(City)	• •			

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS							
■ Chairman	Name:	□Chairman	Name: Ryan Pripstein				
□Vice Chairman	Garner Health Address:	□Vice Chairman	Address:				
□Director	64 Bleeker Street # 103	Director	64 Bleeker Street # 103				
□President	New York, NY 10012	□President	New York, NY 10012				
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
Other CEO	Other	□Other		□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman					
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□ Secretary		□Treasurer			
Other	Other	□Other		□Other			
□Chairman	Name:	□Chairman	Name:	71			
□Vice Chairman	Address;	□Vice Chairman					
□Director		□Director					
□President		□President					
□Vice President		□Vice President		<u> </u>			
□Secretary	□Treasurer	□Secretary		∵ □Treasurer			
□Other	CiOther	□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 fadded to the index when filing your Florida Department of State Annual Report form. 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.

Nick Reber, CEO



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

DELAWARE, DO HEREBY CERTIFY "GARNER HEALTH TECHNOLOGY, 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 FOURTH DAY OF NOVEMBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GARNER HEALTH TECHNOLOGY, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2019.

MAY'S BOOK OF THE PARTY OF THE

Authentication: 204010425

Date: 11-04-20

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