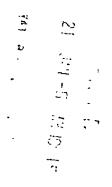
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Office Use Only



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COVER LETTER

	istration Section ision of Corporations			
SUBJECT	: MyAdvocate, Inc.			
	Name	of corporation - i	nust include suffix	
Dear Sir or I	Madam:			
"Certificate	d "Application by Foreign C of Existence," or "Certifical inced foreign corporation to	te of Good Standin	ng" and check are subm	
Please return	n all correspondence concer	ning this matter to	the following:	
Rudolph Wo	lfs			
		Name of Pe	rson	
MyAdvocate	.co			
		Firm/Compa	ny	
801 San Carl	os Drive			
		Address		
Fort Myers B	Beach, Florida, 33931			
		City/State and	Zip code	
Rudy@myad				
	E-mail addre	ss: (to be used for	future annual report no	tification)
For further i	nformation concerning this	matter, please call	;	
Rudolph Wo	lfs	at (302	5219748	
Nai	me of Person	Area Code	Daytime Telepho	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	
	a check for the following an check payable to: FLORIDA I iling Fee	DEPARTMENT O	F STATE 178.75 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.

MyAdvocate, Inc.						
(Enter name of	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	",NC			
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transact	ing busines	s in Florida)		
2. Delaware	3	85-2399319				
(State or country under the law of which it is incorporated)		(FEI number, if applicable)				
4. August 6, 2020	5.					
(Date	e of incorporation)	(Date of duration, if other than perpetual)				
6.		···	.,			
100 C C L I	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		ility)			
7. 801 San Carlos I	Orive, Fort Myers Beach, Florida, 33931 (Principal offi	ce <u>street</u> address)		_ .		
	(Current mailin	g address, if different)				
8. Name and stre	et address of Florida registered agent: (P.C Rudolph Wolfs	D. Box <u>NOT</u> acceptable)	•	22		
Office Address:	801 San Carlos Drive			ch i		
	Fort Myers Beach	, Florida		[14 13 주		
	(City)	(Zip code)		<u></u>		

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.

(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	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	Fort Myers Beach, FL, 33931	□Director				
□President		□President				
□ Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary	Treasurer			
Other	Other	Other	Other			
□Chairman	Noma	□Chairman	Name:			
	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□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				
☐ Secretary	☐ Treasurer	Secretary	□Treasurer			
□Other	□Other	Other	Other			
individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department	nt of State Annual Re	port form.			
12	Signature of Director of	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. Rudolph Wolfs, Chairman, Co-founder, Chief Executive Officer



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

DELAWARE, DO HEREBY CERTIFY "MYADVOCATE, 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 DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MYADVOCATE, INC." WAS INCORPORATED ON THE SIXTH DAY OF AUGUST, A.D. 2020.



Authentication: 204292751

Date: 12-10-20

3390224 8300 SR# 20208612997