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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Solvere Health Corp.			
	of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificat above referenced foreign corporation to	te of Good Stand	ing" and check are submitte	usiness in Florida," ed to register the
Please return all correspondence concer-	ning this matter t	o the following:	
Theodore Randolph			
	Name of P	erson	200
Solvere Health Corp			2021 JIM 21 S_GRETK
	Firm/Comp	oany	2
76 Progress Dr., Suite 123			
	Addres	SS	
Stamford, CT 06902			3: -
	City/State an	d Zip code	
ted@tdrdental.com			
E-mail addre	ss: (to be used fo	or future annual report notif	ication)
For further information concerning this	matter, please ca	H:	
Edward Lorch	914 at (835-6004	
Name of Person	Area Code	Daytime Telephone	e Number
STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Enclosed is a check for the following an Please make check payable to: FLORIDA I \$70.00 Filing Fee \$78.75 Fil Certificate	DEPARTMENT (ing Fee &	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.

1.	Solvere Health (Corp.			
••	(Enter name of c	orporation; must include "INCORPORATED orp," "Inc." "Co," or "Corp.")	," "COMPANY," "CORPORATION	DN."	
	(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)	
2,	Delaware	3	85-4180681		
<u>-</u> ,	(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)	
4.			·		
	(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.				<u> </u>	
		(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liab	ility) 👑 😕	
7	76 Progress Dr., S	Suite 123, Stamford, CT 06902		ility) (III Z	
1.		· · · · · · · · · · · · · · · · · · ·	fice <u>street</u> address)	21	
		(Current maili	ing address, if different)	PH 3: 17	
8.	Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	TAR 1	
	Name:	Charles Randolph			
O	ffice Address:	7762 Fisher Island Dr.			
		Fisher Island	, Florida 33109		
		(City)	(Zip code)		

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 duti 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 the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdictio under the law of which it is incorporated.

A. DIRECTORS	•		
Chairman	Name: Edward J. Lorch	□Chairman	Name:
□Vice Chairman	Address: 76 Progress Dr.Suite 123	□Vice Chairman	Address: 76 Progress Dr., Suite 123
□Director	Stamford, CT 06902	Director	Stamford, CT 06902
■ President		□President	
□Vice President		□Vice President	
☐Secretary	□Treasurer	■ Secretary	□Treasurer
Other	Other	Other	Other
□Chairman	Christopher Greco	□Chairman	Name:
□Vice Chairman	Address: 76 Progress Dr., Suite 123	□Vice Chairman	Address:
■ Director	Stamford, CT 06902	□Director	
□President		□President	2021 JAN
□Vice President		□Vice President	-
□Secretary	Treasurer	□Secretary	Treasurer T
□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 added to the index when filing your Florida Depa	rtment of State Annual Re	d for reporting purposes only. Non-indexed eport form.

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 I 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.

Theodore Randolph, Chief Operating Officer / Secretary

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SECRETARY OF THE STATE OF CONNECTICUT

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SOLVERE HEALTH CORP." 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-EIGHTH DAY OF DECEMBER, A.D.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLVERE HEALTH"

CORP. " WAS INCORPORATED ON THE THIRD DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 204421603

Date: 12-28-20

4327623 8300 SR# 20208765414

2020.