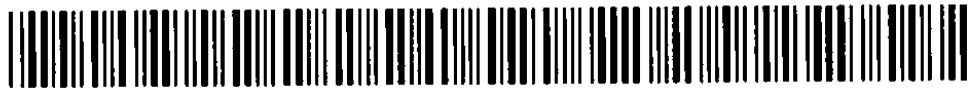


Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H21000064573 3))



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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

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Health Innovators Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANS.
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1501, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Health Innovators Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Delaware

831 623 344

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
July 17 2018

July 17 2018

4. _____ (Date of incorporation)
12/01/2020

5. _____ (Date of duration, if other than perpetual)

12/01/2020

6. _____
(Date first transacted business in Florida, if prior to registration).
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

(SEE SECTIONS 607.1501 & 607.1502, F.S., in determine penalty liability)

120 St James Ave, Boston MA 02116

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation, _____, Florida 33324
(City) (Zip code)

(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 as designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity and 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.

CT Corporation System
By: Peter Trawinski
Assistant Secretary

[Signature]

(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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Prem Sharma

Chairman:

120 St James Ave, Boston MA 02116

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

Preet Sharma

President:

120 St James Ave, Boston MA 02116

Address:

Ingram Berg

Vice President:

120 St. James Ave., Boston MA 02116

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direct

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 are true and that he or she is aware that false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S.

Ingemar Berg, CFO

13.

(Typed or printed name and capacity of person signing application)

Delaware

The First State

Pag

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTH INNOVATORS 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2021.

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.




Jeffrey W. Bullock, Secretary of State

6978243 8300

SR# 20210458120

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202

Date: 6