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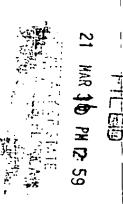
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	SIMPLE PATH MENTAL	HEALTH, INC		
SOBJECT.		of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign C f Existence," or "Certificat ced foreign corporation to	e of Good Stanc	ling" and check are sub	
Please return :	all correspondence concern	ning this matter	to the following:	
EVGENY CHE	ERNYAK			
		Name of F	erson	
SIMPLE PATE	H MENTAL HEALTH, INC			
		Firm/Comp	oany	
614 BOWLES	COURT			
		Addre:	SS	
NEPTUNE BE	EACH, FL 32266			
		City/State an	d Zip code	
therapycarehr	n@gmail.com			
	E-mail addre	ss: (to be used fo	or future annual report	notification)
For further inf	formation concerning this	matter, please ca	11:	
Evgeny Chern	ıyak	904 at (635-6081	
Name	e of Person	Area Code	Daytime Telep	hone Number
Regist Divisi The C 2415 I	EET/COURIER ADDRE tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following an eck payable to: FLORIDA Eing Fee	DEPARTMENT (ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

SIMPLE PATH	MENTAL HEALTH, INC				
(Enter name of c	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)			
WASHIGTON	3.	26-1832402			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
05/19/2020	5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
N/A					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502				
410 SW Skyline	Dr. Pullman WA 99163				
	(Principal office	street address)			
	(Timelpai onice	<u> </u>			
	(Current mailing a	address, if different)			
	(canoni maning c	100,000, 11 011010111,			
Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)			
Name:	EVGENY CHERNYAK				
Name:	700 3rd Street, Suite 202	— XAR TI			
ffice Address:	700 3rd Street, State 202				
	Neptune Beach	32266			
	(City)	Florida (Zip code)			
Registered age	ent's acceptance:	59			
aving been nam	ed as registered agent and to accept service	of process for the above stated corporation at the place			
		nt as registered agent and agree to act in this capacity. Itive to the proper and complete performance of my du			
	with and accept the obligations of my positi				
		l			
	Evaeny Chernuak Tomes				
_	(Registered agent's signa	ature)			

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	410 SW Skyline Dr Address:	□Vice Chairman	Address:	· · · · · · · · · · · · · · · · · ·
□Director	Pullman WA 99163	□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		l
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other		□Other		□Other
	A.	S.C.	N	
□ Chairman	Name:	Chairman		1
	Address:	□Vice Chairman	Address:	- 1
□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 attac added to the index when filing your Florida Departmen	nt of State Annual Re	eport form.	
12 Elina Che	enwak 🔻 an an an			
	Signature of Director of	r Officer		
The officer or direc	tor signing this document (and who is listed in number lise information submitted in a document to the Department	11 above) affirms th	at the facts stated	I herein are true and that he or
13. ELINA CHER	RNYAK			
	(Typed or printed name and capacity of perso	n signing application)	



Secretary of State

1, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

SIMPLE PATH MENTAL HEALTH INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/19/2020.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/10/2021 UBI Number: 604 616 452

STATE ON NO.

THE PERSON OF

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

tion Ulyna

Date Issued: 03/10/2021