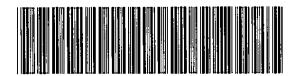
(Requ	uestor's Name)			
(Addı	ress)			
(Addi	ress)			
(City/	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	iling Officer:	-		

Office Use Only



700364265037

04/19/21--01026--003 **78.75

MAY -6 2021 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: PRENUVO, INC.					
	me of corporation	- must include suffix			_
Dear Sir or Madam:					
The enclosed "Application by Foreign "Certificate of Existence." or "Certification above referenced foreign corporation	cate of Good Stand	ling" and check are sub			
Please return all correspondence conc	erning this matter	to the following:			
LOVETTE DOBSON					
	Name of I	Person			_
				·	- 2 9
17350 STATE HWY 249 #220	Firm/Com	pany		13#33 13#33	21 APR
Address		33.5	-1-9		
HOUSTON, TX 77064	HOUSTON, TX 77064		<u> </u>	P	
City/State and Zip code EFILE1234@INCFILE.COM			STATE	<u>မှ</u>	
E-mail add	ress: (to be used for	or future annual report	notification)	 ,	70
For further information concerning th	is matter, please ca	all:			
LOVETTE DOBSON	i at (_) 888-462-3453 Daytime Telep			
Name of Person	Area Code	Daytime Telep	nhone Number		
STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27		
Enclosed is a check for the following Please make check payable to: FLORID. \$70.00 Filing Fee \$78.75 F Certification	A DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	□ \$87.50 Fi Certificat Certified	e of Statu	ıs &

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.

15771 5 557 5 1517		adopted for the purpose of transacting busing	,	
DELAWARE (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
		PERPETUAL		
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
(trate	of incorporation)	(Date of duration, it office than pe	perauly	
<u></u>	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)		
2727 EL CAMIN	O REAL : REDWOOD CITY, CALIFORNIA	94061		
	(Principal offi	ce <u>street</u> address)		
	(Current mailin	g address, if different)	28	
		D. NOT	2021 APR SECRETA ALL APA	
Name and stree	et address of Florida registered agent: (P.C		R 19	
Name:	LEGALINC CORPORATE SERVICES IN		1.1	
ffice Address:	5237 SUMMERLIN COMMONS, SUITE 4	00	OF S	
orrice rearess.	FORT MYERS	. Florida ³³⁹⁰⁷	3: 12 3:14 7:08:10 7:08:10	
	(City)	(Zip code)	4. 10	
Dagietarad an	ont's accentance			
Registered ag	ent's acceptance: ned as registered agent and to accept servi	ce of process for the above stated corp	oration at the place	
'aving been nan		nent as registered agent and agree to a	ict in this capacity.	
esignated in this	application, I hereby accept the appointmomply with the provisions of all statutes r			

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: ANDREW LACY	□Chairman	Name:	
□Vice Chairman	Address: 2727 El. CAMINO REAL	□ Vice Chairman	Address:	
■Director		□Director		
XI President	REDWOOD CITY, CALIFORNIA 94061	□President		
□Vice President		□Vice President		
∑ Secretary	ズTreasurer	□Secretary		□Treasurer
□Other	□Other	Other		□Other
□Chairman	Name:	□Chai <i>r</i> man	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		_
□President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	□Secretary		□Treasurer S
⊡Other	□Other	□Other		□Other St.
□Chairman	Name:	□Chairman	Name:	RY OF STAN
□Vice Chairman	Address:	□Vice Chairman	Address:	-49
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	☐ Secretary		☐Treasurer
□Other	□Other	Other		□ Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director	nent of State Annual Ro	port form.	ourposes only. Non-indexed

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.

Andrew Leave DDECIDENT

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PRENUVO, 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 THIRTEENTH DAY OF APRIL, 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 SAID "PRENUVO, INC."

WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2018.

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

Authentication: 202952466

Date: 04-13-21