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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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6/1/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Helix Virtual Medicine, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert Rodriguez
Name of Person

HVM
Firm/Company

12 Spook Ridge Road
Address

Upper Saddle River, NJ 07458
City/State and Zip code

rrodriguez@helixvm.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Robert Rodriguez at (917) 660 3779
Name of Person Area Code Daytime Telephone 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

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ $70.00 Filing Fee ☒ $78.75 Filing Fee & Certificate of Status ☐ $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. Helix Virtual Medicine, 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)

2. Delaware
(State or country under the law of which it is incorporated)

3. 86-3940627
(FEI number, if applicable)

4. 05 | 13 | 2021
(Date of incorporation)

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

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

7. 3500 South Dupont Highway, Dover, DE 19901
(Principal office **street** address)

12 Spook Ridge Rd. Upper Saddle River, NJ 07458
(Current mailing address, if different)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name: Robert Rodriguez

Office Address: 2720 10th Ave North #100

Palm Springs (City), Florida 33461 (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 duties, and I am familiar with and accept the obligations of my position as registered agent.

Robert Rodriguez
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☑Chairman	Name: Robert Rodriguez		☐Chairman	Name:	
☐Vice Chairman	Address: 2720 10th Ave North		☐Vice Chairman	Address:	
☐Director	Palm Springs, FL		☐Director		
☑President	33461		☐President		
☐Vice President			☐Vice President		
☑Secretary	☑Treasurer		☐Secretary	☐Treasurer	
☑Other CEO	☐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	

☐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	

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Robert Rodriguez
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 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. Robert Rodriguez, CEO & Chairman
(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HELIX VIRTUAL MEDICINE, 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 TWENTY-FIRST DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HELIX VIRTUAL MEDICINE, INC" WAS INCORPORATED ON THE THIRTEENTH DAY OF MAY, A.D. 2021.

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

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Jeffrey W. Bullock Secretary of State

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SR# 20211967887

Authentication: 203262406

Date: 05-21-21

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