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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.

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To: Division of Corporations
Fax Number : (850)617-6393

From: Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 12008000045
Phone : (302)645-7400
Fax Number : (302)645-1280

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

Email Address: llomax@ultimaxxhealth.com

2021 JUN 18 AM 9:40
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 JUN 18 PM 12:12

FOREIGN PROFIT/NONPROFIT CORPORATION
Hero Wellness, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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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. Hero Wellness, 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 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/09/2021 5.
(Date of incorporation) (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. 4541 S. Dale Mabry Hwy, Tampa, FL 33611
(Principal office street address)

(Current mailing address, if different)

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

Name: Adam D. Marshall, Esq.

Office Address: 197 S. Federal Hwy., Suite 200

Boca Raton, Florida 33432
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

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

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A. DIRECTORS

Chairman Name: Dr. Jeffrey Watson, M.D.

Vice Chairman Address: 4541 S. Dale Mabry Hwy

Director Tampa, FL 33611

President _____

Vice President _____

Secretary Treasurer

Other CEO Other _____

Chairman Name: Dr. Leonard "Lenny" Lomax

Vice Chairman Address: 3651 FAU Blvd. Suite 400

Director Boca Raton, FL 33431

President _____

Vice President _____

Secretary Treasurer

Other CSO Other _____

Chairman Name: Jake Hunter

Vice Chairman Address: 1870 Columbia Crest Ct.

Director Las Vegas, NV 89117

President _____

Vice President _____

Secretary Treasurer

Other COO Other _____

Chairman Name: Spencer Beaudreault

Vice Chairman Address: 5145 S. Dale Mabry Hwy

Director Tampa, FL 33611

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Eliza Shkolnik-Mova

Vice Chairman Address: 35 Cain Drive

Director Plainview, NY 11803

President _____

Vice President _____

Secretary Treasurer

Other CMO Other _____

Chairman Name: Edward Tomlin

Vice Chairman Address: 10603 Heatherleigh Drive

Director Cheltenham, MD 20605

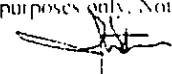
President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

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. _____
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. Dr. Jeffrey Watson, M.D. CEO
(Typed or printed name and capacity of person signing application)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HERO WELLNESS, 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 EIGHTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HERO WELLNESS, INC." WAS INCORPORATED ON THE NINTH DAY OF JUNE, A.D. 2021.

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



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

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SR# 20212488639

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

Authentication: 203480523

Date: 06-18-21

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