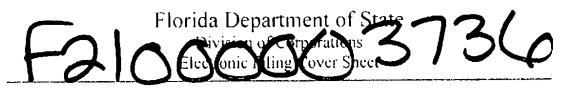
7/1/2021

From: Ranae McG

Division of Corporations



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

: (850)617-6383 Fax Number

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

Email	Address:_			
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## FOREIGN PROFIT/NONPROFIT CORPORATION GALILEO, INC.

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

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From: Ranae McGi

DecuSign Envelope ID: 6B1986D9-DFD1-4C48-9BC8-BDAFE7F97969

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

2021-07-01 08:01.44 CST

l. (Enter name of co "Inc.," "Co.," "Co	orporation; must inclu orp." "Inc." "Co," or '	de "INCORPORATED," 'Corp.")	"COMPANY," "CORPORATION	· · · ·
Gallleo He	alth, Inc.		_	
	ble in Florida, enter a	ilternate corporate name ac	lopted for the purpose of transacting	g business in Florida)
DE 2.		3.		
(State or country 07/05/2017		ich it is incorporated)	(FEI number, if ap	plicable)
4(Date	of incorporation)	5	(Date of duration, if other	than perpetual)
(Ditt	The medipared and		(=	•
7	64 Bleecker St, #15	I, NY NY 10012	S., to determine penalty liability)  I office address)	
		(Current mailing	address, if different)	2021.
8. Name and stree	a address of Florida	a registered agent: (P.O	. Box NOT acceptable)	
Name:	CT Corporation S	lystem		<u></u>
Office Address:	1200 South Pine I	sland Road		
Office Address.	Plantation,		33324 Florida	<u>,                                    </u>
		(City)	(Zip code)	
designated in this further agree to c	ed as registered ag application, I here omply with the pro	by accept the appointmixisions of all statutes re	e of process for the above state ent as registered agent and agr clative to the proper and complo my position as registered agen	ree to act in this capacity ete performance of my
D.	Complete of Call	Christina Kalim		
Ву	" Chumini Kal	Assistant Secretary		

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.

From: Ranae McGi 19542080845 2021-07-01 08:01:44 CST To: 18506176383 \* Page: 4 of 5

DocuSign Envelope ID: 6B1986D9-DFD1-4C48-9BC8-BDAFE7F97969

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

A. DIRECTORS Chairman: \_\_\_\_\_ Vice Chairman: \_\_\_\_\_\_ THOMAS LEE Director: 64 Bleecker St. #151, NY NY 10012 Address: \_ ANDREW ADAMS Director: 64 Bleecker St, #151, NY NY 10012 Address: . B. OFFICERS THOMAS LEE President: 64 Bleecker St, #151, NY NY 10012 Vice President: ARIANE TSCHUMI Secretary: 64 Bleecker St, #151, NY NY 10012 Address: THOMAS LEE Treasurer: 64 Bleecker St, #151, NY NY 10012 Address: \_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. THOMAS LEE CEO 13. \_\_\_\_

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

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GALILEO, 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 THIRTIETH DAY OF JUNE, 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.

Authentication: 203573739

Date: 06-30-21