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| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|------------------------|--|--|
| SUBJECT: Betterbones Inc. | | | |
| | ame of corporation - | must include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of Existence, | ficate of Good Stand | ing" and check are submi | |
| Please return all correspondence con Umar Bajwa | cerning this matter t | o the following: | SECON SECON |
| | Name of P | erson | |
| Betterbones Inc. | | | is m |
| | Firm/Comp | any | Ser of C |
| 4790 Irvine Blvd, Ste 105-455 | | | T. O. |
| | Addres | S | m |
| Irvine, CA 92620 | | | |
| | City/State and | d Zip code | |
| umar@mybetterbones.com | | | |
| E-mail ad | ldress: (to be used fo | r future annual report not | ification) |
| For further information concerning t | his matter, please ca | II: | |
| Umar Bajwa | 949 at (| 677-4477 | |
| Name of Person | Area Code | Daytime Telepho | ne 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 | |
| - | DA DEPARTMENT | OF STATE \$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.

| ble in Florida, enter alternate comorate name | e adopted for the purpose of transacting busing | ness in Florida) | | |
|--|--|---|--|--|
| Delayere 85.3313262 | | | | |
| under the law of which it is incorporated) | | le) | | |
| 5 | | ** | | |
| | (Date of duration, if other than perpendin) | | | |
| | | | | |
| (SEE SECTIONS 607.1501 & 607.1 | | I I I | | |
| Ste 105-455, Irvine, CA 92620 | | SSO B M | | |
| (Principal of | fice street address) | 3: 0: STAT E. FL | | |
| (Current maili | ing address, if different) | | | |
| | | | | |
| address of Florida registered agent: (P. | O. Box NOT acceptable) | | | |
| Rohan Patel | | | | |
| 7429 Sungold Meadow Court | | | | |
| Apollo Beach | . Florida ³³⁵⁷² | | | |
| (City) | (Zip code) | | | |
| ed as registered agent and to accept serv application, I hereby accept the appoint imply with the provisions of all statutes | tment as registered agent and agree to a relative to the proper and complete perj | ect in this capacity. I | | |
| | ~ | | | |
| | <i>'</i> , | | | |
| | dunder the law of which it is incorporated) (Date first transacted business (SEE SECTIONS 607.1501 & 607. Ste 105-455, Irvine, CA 92620 (Principal of (Current mail) t address of Florida registered agent: (P. Rohan Patel) 7429 Sungold Meadow Court Apollo Beach (City) nt's acceptance: ed as registered agent and to accept servapplication, I hereby accept the appointment of the provisions of all statutes | (Date of duration, if other than per (Date of duration, if other than per (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Ste 105-455, Irvine, CA 92620 (Principal office street address) (Current mailing address, if different) t address of Florida registered agent: (P.O. Box NOT acceptable) Rohan Patel 7429 Sungold Meadow Court Apollo Beach , Florida 33572 (Zip code) | | |

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 | Umar Bajwa Name: | □ Chairman | Name: | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | |
| Director | Irvine, CA 92620 | □Director | | | | |
| President | | □President | | | | |
| □Vice President | | □Vice President | | | | |
| Secretary | ■ Treasurer | Secretary | | □Treasurer | | |
| □Other | Other | □Other | | □ Other | | |
| □ Chairman | Name: | □ Chairman | Name: | \$EC | | |
| □Vice Chairman | Address: | □Vice Chairman | | | | |
| Director | | □Director | | 装 5 | | |
| □President | | □President | | | | |
| □Vice President | | □Vice President | | <u> </u> | | |
| 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 | | |
| 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 | | Officer | | | | |
| 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. Umar Bajwa (Typed or printed name and capacity of person signing application) | | | | | | |
| | () yped or printed name and capacity of perso | n aikmuk abbucanon | <i>!)</i> | | | |

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "BETTERBONES 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 SIXTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORT

BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BETTERBONES"

INC. " WAS INCORPORATED ON THE SECOND DAY OF OCTOBER, A.D. 2020.

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

.....

Authentication: 203610258

Date: 07-06-21