

7/23/21

Division of Corporations

Florida Department of State  
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To: Division of Corporations  
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Account Number : FCA000000023  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**NUE LIFE HEALTH INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

536  
7/26/21

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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.

Nue Life Health Inc.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
Delaware 85-4285115

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
December 10, 2020

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
February 1, 2021

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
600 Brickell Avenue Suite 1725, Miami, FL 33131

7. \_\_\_\_\_  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Juan Pablo Cappello

Name:

600 Brickell Avenue Suite 1725

Office Address:

Miami

33131

(City)

, Florida

(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.*

DocuSigned by:

*Juan Pablo Cappello M/E*

9FA628AD85244C7...

(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

Juan Pablo Cappello

☐ Chairman Name: \_\_\_\_\_  
600 Brickell Ave.

☐ Vice Chairman Address: \_\_\_\_\_  
Suite 1725

☒ Director \_\_\_\_\_  
Miami, FL 33131

☒ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Demian Bellumio

☐ Chairman Name: \_\_\_\_\_  
600 Brickell Ave.

☐ Vice Chairman Address: \_\_\_\_\_  
Suite 1725

☒ Director \_\_\_\_\_  
Miami, FL 33131

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Christina Getty

☐ Chairman Name: \_\_\_\_\_  
600 Brickell Ave.

☐ Vice Chairman Address: \_\_\_\_\_  
Suite 1725

☒ Director \_\_\_\_\_  
Miami, FL 33131

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Kazi Zayn Hassan

☐ Chairman Name: \_\_\_\_\_  
600 Brickell Ave.

☐ Vice Chairman Address: \_\_\_\_\_  
Suite 1725

☒ Director \_\_\_\_\_  
Miami, FL 33131

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Sonam Kline

☐ Chairman Name: \_\_\_\_\_  
600 Brickell Ave.

☐ Vice Chairman Address: \_\_\_\_\_  
Suite 1725

☒ Director \_\_\_\_\_  
Miami, FL 33131

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

DocuSigned by:

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 after filing with the Florida Department of State Annual Report form.

12. 9EAG28ADB5244C7...

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.

Juan Pablo Cappello, President, CEO, and Director

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 "NUE LIFE HEALTH 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-THIRD DAY OF JULY, A.D. 2021.

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

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SR# 20212789922

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203751288

Date: 07-23-21