

F21000005012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

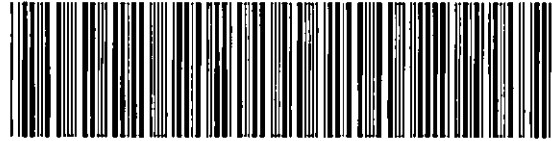
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
21 AUG 30 PM 2:52
RECEIVED
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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA
TALLAHASSEE, FLORIDA

7/21/21



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **August 30, 2021**

Account#: I20000000088

Name: **David Shulman**

Reference #: **1455257**

Entity Name: **PERFECT HEALTH, INC.**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **Please provide a certified copy of the filing evidence. Thanks!**

ISSUES? CALL

David:

850-270-0082

Authorized Amount: **\$78.75**

Signature: *David Shulman*



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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. Perfect Health, 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. June 3, 2013 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. 345 Park Avenue South, New York, NY 10010
(Principal office address)
- 21750 Hardy Oak Blvd., Ste 104 PMB 72961, San Antonio, Texas 78258-4946
(Current mailing address, if different)

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301
(City) (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.

Sophia Dakan Sophia Dakan, Assistant Secretary
(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.

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21 JUN 30 PM 2:58
TALLAHASSEE, FL

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

A. DIRECTORS

Chairman: Julian Harris

Address: 21750 Hardy Oak Blvd., Ste 104 PMB 72961, San Antonio, Texas 78258-4946

Vice Chairman: Stephen Anastos

Address: 21750 Hardy Oak Blvd., Ste 104 PMB 72961, San Antonio, Texas 78258-4946

Director: Doug Thompson

Address: 21750 Hardy Oak Blvd., Ste 104 PMB 72961, San Antonio, Texas 78258-4946

Director: _____

Address: _____

B. OFFICERS

President: Julian Harris

Address: 21750 Hardy Oak Blvd., Ste 104 PMB 72961, San Antonio, Texas 78258-4946

Vice President: _____

Address: _____

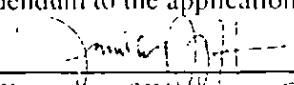
Secretary: Jennifer Bryant

Address: 21750 Hardy Oak Blvd., Ste 104 PMB 72961, San Antonio, Texas 78258-4946

Treasurer: Dinesh Ganesan

Address: 21750 Hardy Oak Blvd., Ste 104 PMB 72961, San Antonio, Texas 78258-4946

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. Jennifer Bryant, Corporate Secretary

(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 "PERFECT 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 THIRTIETH DAY OF AUGUST, 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 SAID "PERFECT HEALTH, INC." WAS INCORPORATED ON THE THIRD DAY OF JUNE, A.D. 2013.

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



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

5336753 8300

SR# 20213114007

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

Authentication: 204038115

Date: 08-30-21