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| (R | equestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | Certificates o | f Status | | |
| Special Instructions to Filing Officer: | | | | |
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SEP 15 2021 M. SOLOMON

COVER LETTER

| Division of | n Section Corporations | | |
|---|--|---|--|
| SUBJECT: | PEALTHIM CO | RPORATION | |
| | Name of corporatio | n - must include suffix | |
| Dear Sir or Madam | : | | |
| "Certificate of Exis | lication by Foreign Corporation for stence," or "Certificate of Good Sta oreign corporation to transact busin | nding" and check are subm | |
| Please return all co | rrespondence concerning this matte | er to the following: | |
| | AYOOL | A ADICUN | |
| | Name of | Person | |
| | PEALTHIM | CORPORATION | |
| | Firm/Cor | | |
| 2280 | 2 SW 88th PL, Cut | iler Bay, V | |
| | Add | ress | |
| | FLORID | A , 33190 | |
| | City/State | and Zip code | |
| | | PITT. EDU | |
| | E-mail address: (to be used | for future annual report no | ntification) |
| For further informa | tion concerning this matter, please | call: | |
| AYOOLA , | ADICIUN at (626) Person Area Coe | 376-8851 | |
| Name of P | Person Area Coo | de Daytime Telepho | one Number |
| Registratio Division of The Centre 2415 N. M | COURIER ADDRESS: In Section Corporations Of Tallahassee In Section Of Tallahassee In Section Of Tallahassee In Section Of Tallahassee Onroe Street, Suite 810 Of Tallahassee | MAH ING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL | ction porations |
| | c for the following amount: ayable to: FLORIDA DEPARTMENT be \$\sum_{\text{S}} \sets 78.75 Filing Fee & Certificate of Status | T OF STATE ☐ \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee. Certificate of Status Certified Copy |

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.

| (Enter name of c | orporation; must include "INCORPORATED," "orp," "Inc." "Co." or "Corp.") | COMPANY," "CORPORATION," | | |
|-------------------|--|---------------------------------------|-------------------|--------|
| (If name unavails | able in Florida, enter alternate corporate name ado | pted for the purpose of transacting b | asiness in Florio | da) |
| , DELAV | VARE 3 | | | |
| (State or countr | y under the law of which it is incorporated) 3 | (FEI number, if applic | able) | |
| 4. 22 0 | 4/2020 | | _ | |
| | of incorporation) | (Date of duration, if other than | perpetual) | |
| 6 | | | | |
| | (Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 | | | |
| , 2280 | 22 SW 88th PL, Cutle | | 8 | |
| 1 | (Principal office | street address) | · | |
| | ,, | | | |
| | (Current mailing a | ddress, if different) | · · | 707 |
| S. Numo and etroi | st address of Florida registered agent: (P.O. E | toy NOT acceptable) | , | - 2C |
| | AYOOLA ADIGUN | ox <u>ivor</u> acceptane) | | OET IS |
| Name: | | _ | | ر 1 |
| Office Address: | 22802 SW 88th PL | _ | 71 (72 71 (72 | 7 |
| | Cutter Bay (City) | Florida 33190 | 5 <u>2</u> | 7 |
| | (City) | (Zin code) | ٠- | |

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the 4 designated in this application. I hereby accept the appointment as registered agent and agree to act in this capafurther agree to comply with the provisions of all statutes relative to the proper and complete performance of m and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applicate the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisd 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]:

| □Chairman | Name: AYOOLA ADIGUN | □Chairman | Name: | YOOLA ADI |
|--------------------|---|---------------------------|------------|-----------------|
| □Vice Chairman | Address: 22802 SW 88th PL | □Vice Chairman | | 2802 SW 8 |
| Director | Cutter Bay. Fl. | ⊟Director | | · Bay iFL |
| ☐ President | 33190 | □President | 33190 | |
| □Vice President | | □Vice President | | |
| □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 <u>2</u> |
| | | | | SEP 9 |
| □Chairman | Name: | □Chairman | Name: | <u> </u> |
| □Vice Chairman | Address: | □Vice Chairman | Address: | |
| □Director | | Director | | 1: 2 1: 2 |
| □President | | □President | | |
| □Vice President | | □Vice President | | |
| □Secretary | □Treasurer | ☐ Secretary | | □Treasurer |
| □Other | Other | □Other | | Other |
| individuals may be | Use an attachment to report more than six (6). The a sadded to the index when filing your florida repart | ment of State Annual Re | port form. | |
| | | | | |
| | etor signing this document (and who is fisted in num ilse information submitted in a document to the Dep | artment of State constitu | | |
| 13. | JA AJOOLA AT | SIGUN | | |



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

DELAWARE, DO HEREBY CERTIFY "PEALTHIM CORPORATION" 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 SEVENTEENTH DAY OF JULY, A.D. 2021.

Authentication: 203699164

Date: 07-17-21