

10/15/21, 2:09 PM

Division of Corporations

F2100005893

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

((H21000385484 3)))



H210003854843ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

2021 OCT 15 PM 5:14
5014 0000

FOREIGN PROFIT/NONPROFIT CORPORATION
Sensei Wellness Holdings, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2021 OCT 15 PM 2:29

STATE OF FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SRF
10/18/21

DocuSign Envelope ID: 9823BD42-6EC4-452E-8F47-DB09542CCADF

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. Sensei Wellness Holdings, 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 (State or country under the law of which it is incorporated) 3. 85-1924973 (FEI number, if applicable)

4. 07/13/2020 (Date of incorporation) 5. Perpetual (Date of duration, if other than perpetual)

6. Upon Qualification (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1119 COLORADO AVE STE 18, Santa Monica, CA 90401 (Principal office address)

same (Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324 (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.

C T Corporation System

By: Rachel O'Connor Rachel O'Connor - 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.

2021 OCT 15 PM 5:14

2021 OCT 15

DocuSign Envelope ID: 9823BD42-6EC4-452E-8F47-DB09542CCADF

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

A. DIRECTORS *David Agus*

Chairman: David Agus

Address: 1119 Colorado Ave St 18

Santa Monica, CA 90401

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS *Kevin Kelly*

President: Kevin Kelly - CEO

Address: 1119 Colorado Ave St 18

Santa Monica, CA 90401

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

2021 OCT 15 PM 5:14

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

12. Kevin Kelly
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. Kevin Kelly - CEO
(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 "SENSEI WELLNESS HOLDINGS, 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 FOURTEENTH DAY OF OCTOBER, 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.

2021 OCT 15 PM 5:14



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

3231485 8300

SR# 20213513665

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

Authentication: 204412541

Date: 10-14-21