(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MA:T	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer.	

Office Use Only



900375312009

NOV 30 2021 K. Brumbley



115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/29/2021	
	Merritt Walker	
	1530085	
	FH HE	ALTH (USA) INC.
	s of Incorporation/Authoriza	
Amen	dment	
Chang	ge of Agent	
Reinst	atement	
☐ Conve	ersion	
☐ Merge	r	
☐ Dissol	ution/Withdrawal	
☐ Fictitio	ous Name	
✓ Other_	CERTIFIED (	COPY OF THE FILING EVIDENCE
Authorized A	mount: <b>\$78.75</b>	
Signature:	<i>(1111)</i>	

F: 800.944.6607

### **COVER LETTER**

TO:	Registration Section Division of Corpo					
SUBJ	JECT:		FH Hea	alth (U	SA) Inc.	
.,615		Name o	of corporation	- must i	nclude suffix	
Dear S	Sir or Madam:					
"Certi		or "Certificate	of Good Stan	ding" ar	nd check are sub	ct Business in Florida." omitted to register the
Please	return all correspon	idence concerni	ng this matter	to the f	ollowing:	
			Sepehr S	eyedi		
			Name of I	erson	<del></del>	
			c/o FH Hea	Ith Inc.		
		<u></u>	Firm/Com	pany		
		2 St. C	Clair Avenue	East,	#1204	
			Addre	SS		
		Toron	to, ON, Can	ada M	4T 2T5	
			City/State ar	nd Zip c	ode	· · · · · · · · · · · · · · · · · · ·
		:	sep@fhheal	lth.com	١	
	· · · · · · · · · · · · · · · · · · ·	E-mail address	: (to be used f	or futur	e annual report i	notification)
For fu	rther information co	ncerning this m	atter, please c	all:		
	Sepehr Seyedi at (		at ( 416	)	893-7647	
	Name of Person		Area Code	:	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		S:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	sed is a check for the	following amo	ount:			
□ \$70	0.00 Filing Fee	7 \$78.75 Filing Certificate o			Filing Fee & ed Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

under the law of which it is incorporated.

## 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.

"Inc.," "Co" "Co	rporation; must include "INCORPORATED," "Crp." "Inc." "Co." or "Corp.")	OMPANY, "CORPORATION	,
- T			· · · · · · · · · · · · · · · · · · ·
	ole in Florida, enter alternate corporate name adop		
	Delaware 3	87-3415259	
		(FEI number, if app	olicable)
·	November 3, 2021 5		
(Date o	of incorporation)	(Date of duration, if other t	than perpetual)
·			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.		(v)
	2 St. Clair Avenue East, #1204, Toro		
·		ffice address)	<del></del>
	\	ince address;	
	(Current mailing ac	ldress, if different)	
		,	
. Name and street	address of Florida registered agent: (P.O. B	ox NOT acceptable)	2021
Name:	COGENCY GLOBAL INC.		021 NOV 29
Name.		_	<b>7 7 7 7 7 7 7 7 7 7</b>
office Address:	115 North Calhoun Street, Suite 4	<del>-</del>	A L
	Tallahassee	Florida 32301	AM IO:
	Tallahassee (City)	(Zip code)	32. 9
D.a			<b>59</b>
. Registered agei <i>laving been name</i>	n s acceptance: d as registered agent and to accept service o	of process for the above states	d corporation at the pla
esignated in this a	pplication, I hereby accept the appointmen	t as registered age <mark>nt</mark> and agre	ee to act in this capacit
urther agree to co.	mply with the provisions of all statutes relat	ive to the proper and comple	te performance of my
uties, and I am Ja	miliar with and accept the obligations of my	position as registered agent	•
	Misst. Marie	Asel Socal	
		1,00,	

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

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

A	m	ID	L.	CT	A	DΟ

Chairman:	Sepehr Seyedi
Address:	2 Ct. Clair Avenue Foot #1204 Toronto CNI, Connedo MAT 2TE
Vice Chairman	Melody Adhami-Dorrani
Address:	2 St. Clair Avenue East, #1204, Toronto, ON, Canada M4T 2T5
Director:	Michael Kimel
Address:	2 St. Clair Avenue East, #1204, Toronto, ON, Canada M4T 2T5
Director:	David Diamond
	2 St. Clair Avenue East, #1204, Toronto, ON, Canada M4T 2T5
B. OFFICEI	RS
President:	Melody Adhami-Dorrani
Address:	2 St. Clair Avenue East, #1204, Toronto, ON, Canada M4T 2T5
Address:	
Secretary:	Sepehr Seyedi
Address:	2 St. Clair Avenue East, #1204, Toronto, ON, Canada M4T 2T5
Treasurer:	Michael Kimel
	2 St. Clair Avenue East, #1204, Toronto, ON, Canada M4T 2T5
	cessary, you may attach an addendamental decoration listing additional officers and/or directors.
The officer or are true and the a third degree	Signature of Director or Officer director signing this document (and who is listed in number 11 above) affirms that the facts stated herein hat he or she is aware that false information submitted in a document to the Department of State constitutes felony as provided for in s.817.155, F.S.
13	Sepehr Seyedi, Secretary  (Typed or printed name and canacity of person signing application)
	i i vned of nrinted name and canacity of nerson strning application)

#### FH HEALTH (USA) INC.

#### **ADDENDUM**

11. B. Officers

Co-Treasurer: David Diamond

Address: 2 St. Clair Avenue East, #1204, Toronto, ON, Canada M4T 2T5

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FH HEALTH (USA) 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-NINTH DAY OF NOVEMBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FH HEALTH (USA)

INC." WAS INCORPORATED ON THE THIRD DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 204799124

Date: 11-29-21