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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)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:_____

FOREIGN PROFIT/NONPROFIT CORPORATION

GroundGame.Health, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

T. LEMIEUX

JAN - 4 2022

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Help

L21000291577 HAS WITHDREW, PLEASE SEE THE ATTACHED. OUR CLIENT IS REQUESTING REVIEW AS-IS

GROUNDGAME HEALTH LLC 450 Knights Run Ave., Suite 1202 Tampa, Florida 33602

December 29, 2021

Florida Secretary of State Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Page: 3 of 8

Release of Rights to the Name of GroundGame Health LLC in Florida Re:

Ladies and Gentlemen:

As the Manager of GroundGame Health LLC, a Florida limited liability company in dissolution ("Old GGH"). I hereby confirm that Old GGH has released all of its rights in the name "GroundGame Health" within the State of Florida, effective immediately, and consents to the use of such name by Ground Game. Health, inc., a Delaware corporation, within the State of Florida. I further affirm that neither Old GGH nor I have any intention of revoking the dissolution of Old GGH and irrevocably grant full rights in its name to GroundGame. Health, inc. for use in Florida.

If you should have any questions, please feel free to reach out to me.

Very truly yours,

Manager

GROUNDGAME HEALTH LLC

Accepted and Agreed:

GROUNDGAME.HEALTH, INC.

Page: 5 of 8

I

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

"Inc.," "Co.," "Co	orporation; must include "INCORPORATED," "(orp," "Inc," "Co," or "Com ")	COMPANY," "CORPORATION,"
(If name unavaila	ible in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Floridat
Delaware		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)
I(Date	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in Fl	
8. Name and <u>stres</u>	et address of Florida registered agent: (P.O. 1	address, if different) Box NOT acceptable)
8. Name and <u>stres</u> Name:		
Name:	C T Corporation System 1200 South Pine Island Road	
	CT Corporation System 1200 South Pine Island Road	30x <u>NOT</u> acceptable)
Name:	C T Corporation System 1200 South Pine Island Road	30x <u>NOT</u> acceptable)

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.

(Registered agent's signature)

/s/ Kathryn A. Widdoes, Assistant Secretary

Ву:

11.	Names	and busines	s addresses	s of off	icers and	Vor directors
-----	-------	-------------	-------------	----------	-----------	---------------

Page: 6 of 8

A. DIRI	ECTORS Susan E-Rawlings Molina
Chairman	5660-G West Cypress Street.
Address:	Тапіра, FL 33607
Vice Chai	rman:
Address	
Oine areas	Sridhar Akula
	5660-G West Cypress Street
Augicss.	Тапра, F1. 33607
Director;	
Address:	
B. OFF	ICERS Sridhar Akula
	5660-G West Cypress Street
	Tampa, FL 33607
Vice Pres	ident
Address:	
	Sridhar Akula
Secretary	
Address:	Susan E. Rawlings Molina
Treasurer Address:	5660-G West Cypress Street, Tampa, FL 33607
	Truecessary, you wan attach an adjendum to the application tisting additional officers and/or directors.
The office are true a third d	Signature of Director or Officer cer or director significantly this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in \$.817.155, F.S. an E Rawlings Molina, CEO
13	(Typed or printed name and capacity of person signing application)

GroundGame. Health, inc.

ADDENDUM TO THE APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Chief Executive Officer - Susan E. Rawlings Molina - 5660-G West Cypress Street, Tampa, Fl. 33607

Chief Operating Officer - Sridhar Akula - 5660-G West Cypress Street, Tampa, FL 33607





Page 1

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

DELAWARE, DO HEREBY CERTIFY "GROUNDGAME.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 FIFTEENTH DAY OF DECEMBER, A.D.

2021.

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

e at core delaware gov/auti

Authentication: 204989997

Date: 12-15-21