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COVER LETTER

TO: Registration Division o	on Section f Corporations			
SUBJECT: Hon	nology Group Inc.			
	Name o	f corporation -	must include suffix	
Dear Sir or Madan	1:			
"Certificate of Exist		of Good Stand	uthorization to Transact ing" and check are subm s in Florida.	
Please return all co	orrespondence concernin	g this matter t	o the following:	
Patrick Nave				
		Name of P	erson	-
Homology Group In	c.			
		Firm/Comp	any	
PO Box 2586				
·		Addres	s	
West Palm Beach, F	L 33402			
		City/State and	d Zip code	
homologygroupine@	• •			
	E-mail address:	(to be used fo	r future annual report no	tification)
For further informa	ation concerning this ma	tter, please ca	И:	
Patrick Nave	а	ıt () 312-9704	
Name of I		Area Code	Daytime Telepho	one Number
Registratio Division of The Centre 2415 N. M	COURIER ADDRESS on Section f Corporations of Tallahassee onroe Street, Suite 810 e. FL 32303	:	MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations
	c for the following amount ayable to: FLORIDA DEI to: FLORIDA	PARTMENT (Fee & 🗆	OF STATE \$78.75 Filing Fee & Centified Copy	■ \$87.50 Filing Fee. Certificate of Status & Certified Copy

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.

Homology Group Inc.

under the law of which it is incorporated.

(If name unavaila	ble in Florida, enter alternate corporate name a	adopted for the purpose of transacting business in Florida)		
Delaware	3	87-4835359		
(State or country	3. v under the law of which it is incorporated)	(FEI number, if applicable)		
January 25, 2022	2 5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in	Florida, if prior to registration) 02, F.S., to determine penalty liability)		
714 Executive Ce	nter Dr Apt 35, West Palm Beach, FL 33401			
	(Principal offic	ce <u>street</u> address)		
		g address, if different) D. Box NOT acceptable)		
Name and stree	(Current mailing to address of Florida registered agent: (P.O.) Corporation Service Company			
. Name and <u>stree</u> Name:	(Current mailing taddress of Florida registered agent: (P.O.) Corporation Service Company 1201 Hays Street	P. Box NOT acceptable)		
. Name and <u>stree</u> Name:	(Current mailing taddress of Florida registered agent: (P.O.) Corporation Service Company 1201 Hays Street	P. Box NOT acceptable)		
Name and stree Name: Office Address: Office Address: Office Address:	(Current mailing t address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee, (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment.	P. Box NOT acceptable) Florida 32301 (Zip code) The of process for the above stated corporation at the planent as registered agent and agree to act in this capacity.		
Name and stree Name: Office Address: Registered age laving been name lesignated in this	(Current mailing t address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee, (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment.	b. Box NOT acceptable) Florida 32301 (Zip code) The above stated corporation at the planent as registered agent and agree to act in this capacity alative to the proper and complete performance of my distinguished as registered agent.		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS							
■ Chairman	Name: Patrick Nave	□ Chairman	Name:				
□Vice Chairman	Address: 714 Executive Center Dr Apt 35	□Vice Chairman	Address:				
□Director	West Palm Beach, FL 33401	□Director					
■ President		□President					
□Vice President		□Vice President					
■ Secretary	Treasurer	□ Secretary		□Treasurer			
Other	□ Other	Other		□Other			
□Chairman	Name:	□Chairman	Name:				
	Address:	□Vice Chairman	Address:				
□Director		□Director		<u>. </u>			
□President		□President					
☐ 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			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Patrick Rose 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. Patrick Nave (Typed or printed name and capacity of person signing application)							

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HOMOLOGY GROUP 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 EIGHTEENTH DAY OF MARCH, A.D. 2022.



Authentication: 202953115

Date: 03-18-22