(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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COVER LETTER

TO:	TO: Registration Section Division of Corporations					
SUBJE	ECT: ZZEM F	IEALTH CORPORATION				
	-	Name of corpora	tion - mus	t include suffix		
Dear Si	r or Madam:					
"Certifi	cate of Existen	tion by Foreign Corporation ce," or "Certificate of Good ! gn corporation to transact bu	Standing"	and check are subn		
Please r	return all corres	pondence concerning this ma	itter to the	following:		
TODD I	HIRSHORN					
		Name	of Person)		
ZZEM I	HEALTH CORP	ORATION				
		Firm/C	Company			
3908 S	OCEAN BLVD	#M563				
		A	ddress			
HIGHL	AND BEACH F	L 33487				
		City/Sta	te and Zip	code		
th@hirs	horn.net					
		E-mail address: (to be us	ed for futi	are annual report no	otification)	
For furt	her information	concerning this matter, plea	se call:			
TODD I	HIRSHORN	at (561	v 25	13146		
10001	Name of Perso		J	Daytime Teleph	one Number	
				•		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please m		the following amount: le to: FLORIDA DEPARTMI S78.75 Filing Fee & Certificate of Status	□ \$78.°	FATE 75 Filing Fee & ified 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.

·	H CORPORATION orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATIO	N,"	
	orp," "Inc," "Co," or "Corp.")			
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transactu	ng business in Florida)	
DELAWARE	3.	88-1571059		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
03/25/2022	5.	- Lava		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
			L-10-10141	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		lity)	
1925 NW Common	,	, ,	·	
1823 NW Corpor	ate Blvd, Suite 110, Boca Raton FL 33431 (Principal offic	e street address)		
3008 S OCEAN	BLVD #M563, HIGHLAND BEACH FL 3348			
		address, if different)		
	(,,		
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
	TODD HIRSHORN		_	
Name:	TODD HIRSHORN		2022 APR SEURE P	
Office Address:	3908 S OCEAN BLVD #M563			
	HIGHLAND BEACH	, Florida <u>33487</u>	APR -7	
	(City)	(Zip code)	(m)	
D = 4-4 4			<u>.</u>	
	ent's acceptance: ed as registered agent and to accept servic	e of process for the above state		
esignated in this	application, I hereby accept the appointm	ent as registered agent and agr	ree to act in this Capacit	
	omply with the provisions of all statutes re		ete performance of my d	
na 1 am Jamuiar	with and accept the obligations of my pos	nion as regisiereu ageni.		
	(1) 4/2	/ ,		
	Ledd Hall			
	(Registered agent's sig	gnature)	_	

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

under the law of which it is incorporated.

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

A. DIRECTORS Name: BARRY BERKOWITZ Name: TODD HIRSHORN **■**Chairman □ Chairman Address: One Sage Lane Address: 3908 S OCEAN BLVD □Vice Chairman ☐ Vice Chairman Framingham, MA 01701 #M563 Director Director HIGHLAND BEACH, FL 33487 President President □ Vice President ☐ Vice President □Treasurer □Treasurer ☐ Secretary □ Secretary □Other _____ □Other _____ Other _____ □Other _____ □ Chairman Name: _____ □ Chairman Name: Address: _____ □Vice Chairman Address: ☐ Vice Chairman □Director □ Director □ President □ President ☐ Vice President ☐ Vice President Treasurer □ Secretary Treasurer □ Secretary □Other _____ □Other _____ Other _____ □Other _____ Name: ______ □ Chairman □ Chairman Name: ☐ Vice Chairman Address: □Vice Chairman Address: ______ Director Director □ President President ☐ Vice President □Vice President _____ □Treasurer Treasurer □ Secretary □ Secretary □Other _____ 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.

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

13. TODD HIRSHORN, PRESIDENT & CEO

s.817,155, F.S.



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

DELAWARE, DO HEREBY CERTIFY "ZZEM HEALTH 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 FOURTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZZEM HEALTH
CORPORATION" WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF MARCH,
A.D. 2022.

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



Authentication: 203086562

Date: 04-04-22