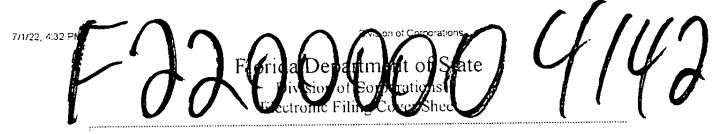
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Fax Server



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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-0821 : (850)558-1515 Fax Number

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 Limited Liability Company Hant Health, Inc.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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Help

COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	Hant Health, Inc.			
170-1301202-17	Name of	corporation - m	ust include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corp f Existence," or "Certificate of eed foreign corporation to tran	f Good Standing	g" and check are submitte	siness in Florida," at to register the
Please return	all correspondence concerning	this matter to t	he following:	
Elma Onitskar	isky			
		Name of Pers	son	
Hant Health, I	nc.			
		Firm/Compan	y	
1280 5th Ave.	Apt 12D			
		Address		
New York, N	Y 10029			
		City/State and I	Cip code	
elina@ilanthe				
	E-mail address:	(to be used for t	uture annual report notif	ication)
For further in	iformation concerning this ma	tter, please call:		
Nicole Molim	1	a (²¹²)	212) 906-4670 Area Code Daytime Telephone Number	
Nan	ne of Person	Area Code	Daytime Telephone	: 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		
Enclosed is a Please make e S70.00 Fi	t check for the following amore heck payable to: FLORIDA DE ling Fee	PARTMENT OF Fee & 🗆 \$	FSTATE 78.75 Filing Fee & E Certified Copy	E \$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.

Hant Health, Inc.		
	orporation, must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION."
(If name unavaila	ible in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)
Delaware		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)
(Date	of incorporation)	(Date of duration, if other than perpetual)
i	(Date first transacted business in F	to Contraction appoints linkility
i.	ot 12D. New York, NY 19029 (Principal office	street address)
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. I	address, if different) Box NOT acceptable)
Office Address:	1201 Hays Street	-
	Tallahassee	, Florida
	(City)	(Zip code)
Having been nam designated in this further agree to c and I am familiar	application, I hereby accept the appointme	
10. Attached is a	certificate of existence duly authenticated, no	of more than 90 days prior to delivery of this application t

under the law of which it is incorporated.

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

CSC TRANSG1

s.817.155, F.S.

13. Elina Onitskansky

A. DIRECTORS					
El Chairman	Name: Elina Or	nitskansky	IIChairman	Name:	
□Vice Chairman	man Address: 1280 5th Ave, Apt 12D New York, NY 10029		□Vice Chairman □Director	Address:	
■ Director					
President			□President		
□Vice President		······································	□Vice President		
Secretary		Treasurer	[] Secretary		□ Treasurer
©hief Ex ■Other	ecutive Officer	Chief Financial Officer	□Other		⊡Other
□Chauman	Name.		⊒Chanman	Name.	
∐Vice Chairman	Address:		□Vice Chairman	Address:	
⊞Director			Director		
□President			□President		
□Vice President	<u></u>		⊕Vice President		
[]Secretary		[]Treasurer	Secretary		[[Treasurer
Other		Other	□Other	<u>.</u>	□Cither
□Chauman	Name:		□Chairman	Name.	
□Vice Chairman	Address.		□Vice Chairman	Address:	
□Director			Director		
□President	<u></u>		□President		
∰Vice President			⊜Vice President		<u>-</u>
Secretary		□Treasurer	∐Secretary		EFTreasurer
[]Other		□Other	□Other	<u></u>	□Other
individuals may b	Use an attachme he added to the inc — Doctationed by — Gina Ond Land — 1806,12: FAD1436	nt to report more than six (6). The atta fex when filing your Florida Departm sky Signature of Director	ent of State Annual B	ed for reporting Report form.	
The officer of dire	octor ciuning this	document (and who is listed in number submitted in a document to the Depar	er 11 above) affirms :	that the facts sta tutes a third deg	ted herein are true and that he ree felony as provided for in

Delaware

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ILANT 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 FIRST DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ILANT HEALTH, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2022.

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

Authentication: 203824999

Date: 07-01-22

6870750 8300 SR# 20222893765