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2022 AUG -2 PM 1: C

K. SALY AUG - 3 2022 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 847963 8320142				
AUTHORIZATION: Spelloleman				
COST LIMIT : \$ 70.000				
ORDER DATE : August 1, 2022				
ORDER TIME : 4:50 PM				
ORDER NO. : 847963-015				
CUSTOMER NO: 8320142				
FOREIGN FILINGS				
NAME: HEALTHY.IO (US), INC.				
XXXX QUALIFICATION (TYPE: <u>CO</u>)				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	Healthy.io (US), Inc.			
DOB/IICT.		corporation	- must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corpor Existence." or "Certificate of the foreign corporation to tra	f Good Stan	ding" and check are submitt	
Please return	all correspondence concerning	g this matter	to the following:	
Yonatan Adiri				
		Name of	Person	***************************************
Healthy.io (US	S), Inc.			
		Firm/Com	pany	
24-10 School s	st, Suite 802,			
		Addre	ess	
Boston, MA, U	Jnited States 02108-5103			
		City/State at	nd Zip code	
accounts@hea	•			
	E-mail address:	(to be used f	or future annual report notif	ication)
For further in	formation concerning this ma	iter, please c	all:	
Yaniv Delrahi	m a	972	54-6383585 Daytime Telephone Number	
Nam	e 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		Registration Section Division of Corpo P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amouneck payable to: FLORIDA DEFing Fee S78.75 Filing Certificate of	PARTMENT Fee & □		\$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.

Healthy.io (US)	, Inc.		
	orporation: must include "INCORPORATED, orp." "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
Delaware 2.		38-4108971	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
01/14/2019		Perpetual	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6. N/A			
v	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7. 24-10 School st.	Suite 802, Boston, MA, United States, 02108-2	5103	
· 		ice street address)	
24-10 School st,	Suite 802, Boston, MA, United States, 02108-	5103	
	(Current mailir	D. Box NOT acceptable) Elorida 32301	
Name and street	<u>et address</u> of Florida registered agent: (P.C	D. Box NOT acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street	Florida 32301	
	Tallahassee	. Florida 32301	
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: (Registered agent's signature)

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.

DocuSign Envelope ID: C9413FE9-4E82-4241-A274-CF9186B6814B

A. DIRECTORS Yonatan Adiri □Chairman Name: □Chairman Name: 24-10 Schoo; st. □Vice Chairman Address: ☐ Vice Chairman Address: Suite 802 □Director □Director Boston, MA President □ President 02108-5103 □Vice President □Vice President ☐Treasurer □Treasurer □ Secretary □ Secretary □Other _____ □Other _____ □Other _____ Name: _____ □ Chairman ☐ Chairman ☐ Vice Chairman Address: _ □ Director □Director □President □President □Vice President ___ □ Vice President □Treasurer □ Secretary □ Secretary □Treasurer □Other _____ ☐ Other _____ □Other _____ □Other _____ ☐ Chairman Name: □ Chairman Name: □Vice Chairman Address: ____ □Vice Chairman Address: □ Director □Director □President □President □Vice President ☐ Vice President ____ □Treasurer □ Secretary □ Secretary □ Treasurer □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 weathed 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 s.817.155, F.S.

13. ___ Yonatan Adiri, President



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

DELAWARE, DO HEREBY CERTIFY "HEALTHY.IO (US), INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

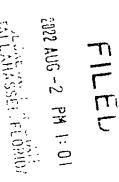
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHY.IO (US), INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF JANUARY, A.D. 2019.

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





Authentication: 204056190

Date: 08-01-22