

F22000005357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

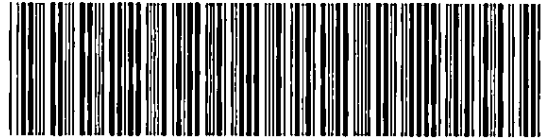
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000393138530

TALLAHASSEE, FLORIDA

2022 AUG 23 AM 11:41

RECEIVED

TALLAHASSEE, FLORIDA

2022 AUG 23 AM 10:09

FILED

K. SALY

AUG 24 2022

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/23/2022

****WALK IN****

ENTITY NAME Alpine Health Systems Inc

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70

ACCOUNT #: I20160000072

S. R. JNO

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPINE HEALTH SYSTEMS INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amy Purdy

Name of Person

SingleFile Technologies Inc.

Firm/Company

113 Cherry St, PMB 70875

Address

Seattle, WA 98104

City/State and Zip code

humberto@alpinehealth.io

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Purdy

at (913)

219-5402

Name 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 check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified 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.

1. ALPINE HEALTH SYSTEMS INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/19/2022 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. August 22, 2022
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6452 NW Hacienda Ln., Port Saint Lucie, FL 34986
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.

Office Address: 7901 4th St N, Ste 300

S. Petersburg, Florida 33702
(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.



Bill Harve, Assistant Secretary

(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.

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

2022 AUG 23 AM 10:09
 FILED
 COUNTY CLERK
 TALLAHASSEE, FLORIDA

A. DIRECTORS

☐Chairman Name: Humberto Lee

☐Vice Chairman Address: 6452 NW Hacienda Ln.

☐Director Port Saint Lucie, FL 34986

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☒Other CEO ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

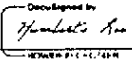
☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐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.  _____
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. Humberto Lee, Chief Executive Officer
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

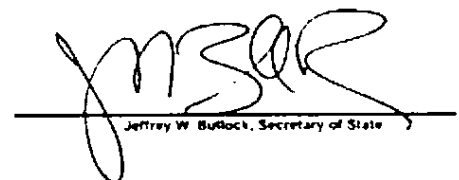
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALPINE HEALTH SYSTEMS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALPINE HEALTH SYSTEMS INC." WAS INCORPORATED ON THE NINETEENTH DAY OF AUGUST, A.D. 2022.

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

FILED
2022 AUG 23 AM 10:10
JEFFREY W. BULLOCK
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

6796550 8300

SR# 20223333451

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204224169

Date: 08-23-22