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S. FRANKLIN AUG 2 4 2022

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HEART 2 HEART H	HC INC.	
Name of corporation	- must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ding" and check are submitted to register the	
Please return all correspondence concerning this matter Michael Wil	to the following:	
	HHC Ivc.	
4450 TROPEA		
JACKSONVILLE City/State at	PL 32246 =	
HEARTZHEARTU	or future annual report notification)	
For further information concerning this matter, please c	<u>σ</u>	
Michael Wilkes at (904) 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 \$\Boxed{\text{\$\text{FIORIDA DEPARTMENT}}}\$ Certificate of Status	**STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy 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. HEART 2 HEART HHC IVC.
(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) (State or country under the law of which it is incorporated)

3. 86-1791900 (FEI number, if applicable) Feb 1, 2021 5. Perpetual (Date of incorporation) 5. (Date of duration, if other than perpetual) Registration date
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) TROPEA WAY # 1202, JACKSONVIlle, FC 3224

(Principal office street address)

(SAME)

(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Michael Wilkes
4450 Tropen Way #1202

Jacksonville Florida 32246
(City) (Zip code) Name: Office Address: 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.

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]:

(Registered agent's signature)

A. DIRECTORS				
□Chairman	Name: Michael Wilkes	□Chairman	Name:	·
□ Vice Chairman =	Address: 4450 Tropea way	□Vice Chairman	Address:	
□Director #	9 1202	□Director		
President (Jacksonville, Klorida 32246	□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□ Secretary		□Treasurer
Other	Other	□Other		Other
/ // \	Name: Andrea Wilkes Address: 4450 Propea Way #1202 Jacksonville, Flurida 32246	□Chairman □Vice Chairman □Director □President		
Vice President		□Vice President		
Secretary	□Treasurer	□Secretary		☐ Treasurer
Other	□Other	Other		□Other.,
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name:	9
□Director		□ Director		2.6
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□ Other	□Other		Other
Important Notice: individuals may b	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of Signature of Director of	ent of State Annual F	Report form.	
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in numberalse information submitted in a document to the Depar	er 11 above) aftīrms	that the facts state	ed herein are true and that he or
13. <u>Mi</u>	Charl Wilkes (Typed or printed name and capacity of pers	on signing application	on')	

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show HEART2HEART HHC INC., an Ohio corporation, Charter No. 4613982, having its principal location in Dayton, County of Montgomery, was incorporated on February 2, 2021 and is currently in GOOD STANDING upon the records of this office.

CRETARIO OF ANTE

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 3rd day of August, A.D. 2022.

Ohio Secretary of State

Validation Number: 202221502142



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2022

MICHAEL WILKES 4450 TROPEA WAY #1202 JACKSONVILLE, FL 32246 US

SUBJECT: HEART2HEART HHC INC.

Ref. Number: W22000103966

We have received your document for HEART2HEART HHC INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 822A00017994

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