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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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FOREIGN PROFIT/NONPROFIT CORPORATION Health Helper Holdings, Inc.

Certificate of Status	0
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Help

S. ROBERTS

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.

(If name unavail:	ible in Florida, enter alternate corporate name ado	pted for the purpose of transacting bus	iness in Florida)
Delaware	3.		
	y under the law of which it is incorporated)	(FEI number, if applical	ble)
10/11/2021	of incorporation) 5.		
(Date	of incorporation)	(Date of duration, if other than p	perpetual)
	(Date first transacted business in Flo	orida if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1502,	F.S., to determine penalty liability)	
2719 Hollywo	od Blvd Suite D-10 Hollywood, FL 330)20	<u></u> _
	(Principal office §	treet address)	
2719 Hollywo	ood Blvd Suite D-10 Hollywood, FL 330		
	(Current mailing a	ddress, if different)	7).LL
N 1	and the second second of the second second of the second second of the second second second of the second s	law MOT againstable)	F (6)
Name and stree	et address of Florida registered agent: (P.O. B	iox <u>NOT</u> acceptable)	21
Name:	Northwest Registered Agent LLC		3
ffice Address:	7901 4th St N STE 300		. بې
	St. Petersburg	Florida 33702(Zip code)	9: 36
	(City)	(Zip code)	
Dogistared age	ent's acceptance:		
iving been nam	ed as registered agent and to accept service (of process for the above stated cor	poration at the plac
signated in this	application, I hereby accept the appointmen omply with the provisions of all statutes rela	it as registered agent and agree to	act in this capacity
	ompty with the provisions of all statutes rela-	ave to the proper and complete pe on as registered agent.	ijoimunce oj my ai

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.

A. DIRECTORS				
□Chairman	Name: Eugene Zabolotsky	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
X Director	2719 Hollywood Blvd, Suite D-10	□Director		
⊠ President	Hollywood FL 33020	□President		
□Vice President		□Vice President		
X Secretary	X Treasurer	☐ Secretary		□Treasurer
Other	Other	□Other	<u>_</u>	□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasurer
□Other	□Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director	AND THE SECOND	
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other		□Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment and the content of t	ghment will be image ent of State Annual R	ed for reporting p eport form.	urposes only. Non-indexed
12		-		
	Signature of Director of	or Officer		
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in number alse information submitted in a document to the Depar	er 11 above) affirms the timent of State constitu	hat the facts state utes a third degre	d herein are true and that he or e telony as provided for in
13.	Eugene Zabolot	sky-President		
	(Typed or printed name and capacity of pers	on signing application	1)	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HEALTH HELPER HOLDINGS, 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-FOURTH 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 "HEALTH HELPER HOLDINGS, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2021.

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

Authentication: 204239787

Date: 08-24-22

6296895 8300 SR# 20223350734

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ROOMSTER CORP.

DOS ID Number: 2959441

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 09/29/2003

Statement Status: CURRENT

Statement Due Date: 09/30/2021

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: CERTIFICATE OF INCORPORATION

Date of Filing: 09/29/2003

Entity Name: ROOMSTER CORP.

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 10/18/2011

 Effective Date:
 09/01/2011

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 09/09/2013

 Effective Date:
 09/01/2013

Page 1 of 2

Document Type:

BIENNIAL STATEMENT

Date of Filing:

09/11/2019

Effective Date:

09/01/2019

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 24, 2022 at 11:11 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hughan

By Brendan C. Hughes

Executive Deputy Secretary of State

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