

F22000005899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

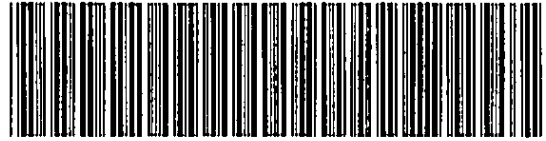
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 SEP 16 PM 2:33



STATE OF ALABAMA
DEPARTMENT OF REVENUE

T. LEMIEUX

SEP 24 2022

WEM
1051901

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HealthyLongevity.clinic 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:

Ann Stoepfelwerth _____
Name of Person

HealthyLongevity.clinic _____
Firm/Company

540 University STE 350 _____
Address

Palo Alto CA 94301 _____
City/State and Zip code

Ann@HealthyLongevity.clinic _____
E-mail address: (to be used for future annual report notification) For

further information concerning this matter, please call:

Ann Stoepfelwerth _____ at (918) 688-9168 _____
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:

Registratio
n Section
Division
of
Corporatio
ns
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2022

ANN STOEPPELWERTH
540 UNIVERSITY STE 350
PALO ALTO, CA 94301

SUBJECT: HEALTHY LONGEVITY-CLINIC INC.
Ref. Number: W22000105197

We have received your document for HEALTHY LONGEVITY-CLINIC 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 322A00018205

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. HealthyLongevityclinic 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. 5418538 (State or country under the law of which it is incorporated) (FEJ number, if applicable)

4. 3/8/2021 5. (Date of incorporation) (Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3401 North Federal STE 101 Boca Raton, FL 33431 (Principal office street address)

540 University, STE 350 Palo Alto, CA 94301 (Current mailing address, if different)

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

Office Address: 1141 SW 12th St Boca Raton, FL 33486

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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.

DocuSigned by: Bill Seery (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]:

A. DIRECTORS

Chairman Name: Petr Sramek _____

Vice Chairman Address: 540 University _____

Director Palo Alto, CA 94301 _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Fanny Mlinarsky _____

Vice Chairman Address: 540 University _____

Director Palo Alto CA 94301 _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Frantisek Zamola, MD _____

Vice Chairman Address: InnoCrystal, Inovační 122, _____

Director Hodkovice, 252 41 Czech Republic _____

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. _____ Petr Sramek
Signature of Director/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. _____
Petr Sramek
(Typed or printed name and capacity of person signing application)

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHYLONGEVITY.CLINIC 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 THIRTEENTH DAY OF SEPTEMBER, 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 "HEALTHYLONGEVITY.CLINIC INC." WAS INCORPORATED ON THE EIGHTH DAY OF MARCH, A.D. 2021.

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



5418538 8300

SR# 20223488898

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204384067

Date: 09-13-22