F22000006021

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
/D.	siness Entity Nar				
, Du	Siliess Chilly Nai	ne)			
(Do	ocument Number)				
Certified Copies	ertified Copies Certificates of Status				
Special Instructions to	Filing Officer:				
opeoidi mairadanii to	Timing Cinicol.				





900394804149

09/21/22--01021--011 **78.75

2622 SEP 21 PM 2: 20

S. ROBERTS SEP 2 1 2022

COVER LETTER

	ion Section of Corporat				
	·	OME CORPORATION			
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	Name of corporation	- must include suffix		
Dear Sir or Mada	ım:				
"Certificate of E:	xistence." o	y Foreign Corporation for r "Certificate of Good Stan poration to transact busine	ding" and check are sub	et Business in Florida," mitted to register the	
Please return all	corresponde	ence concerning this matter	to the following:		
MARTIN KLEIN					
		Name of	Person	· · · · · · · · · · · · · · · · · · ·	
KAMERMAN, U	NCYK, SON	TIKER & KLEIN P.C.			
		Firm/Com	pany	•	
4 FLINT ROAD					
		Addre	ess		
EAST ROCKAW	AY, NY 115	18			
		City/State a	nd Zip code	·	
MKLEIN@KUSI					
	E	-mail address: (to be used	for future annual report r	notification)	
For further infor	mation conc	erning this matter, please o	call:		
MARTIN KLEIN		316	655-6942		
Name o	f Person	Area Cod		hone Number	
Registra Division The Cen 2415 N.	tion Section of Corpora tre of Tallal	tions hassee reet, Suite 810	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7	
Enclosed is a cheller check Enclosed is a cheller check Enclosed is a check Enclosed in the Enclosed is a cheller check Enclosed is a cheller	k payable to:	FLORIDA DEPARTMENT \$78.75 Filing Fee & Certificate of Status	T OF STATE ■ \$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.

(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)	
DELAWARE 3.		88-1256748		
(State or countr	y under the law of which it is incorporated) 3.	(FEI number, if applicable)		
MARCH 3, 202	ή			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
б. <u></u>	(Date first transacted business in			
	(Date first transacted business ii (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability	()	
, 19925 NE 39TH	PLACE, SUITE 304, AVENTURA, FL 33180	• • •		
·		ice <u>street</u> address)		
	(Current mailır	ng address, if different)		
			2022	
 Name and street 	et address of Florida registered agent: (P.C	D. Box NOT acceptable))22 SEI	· .
Name:	JACK B. DWECK		2022 SEP 2	•
Office Address:	19925 NE 39TH PLACE, SUITE 304			
	AVENTURA	, Florida 33180	PH 2: 2	
	(City)	Zip code)	: 20	
		` '	. •	
	ent's acceptance: led as registered agent and to accept servi	ice of process for the above stated :	corporation at the pl	ace
designated in this	application, I hereby accept the appoints	ment as registered agent and agree	to act in this capacit	ty. I
further agree to c	omply with the provisions of all statutes r with and accept the obligations of my po	relative to the proper and complete	performance of my	duties
una i am jamutai	with and accept the obligations of my po	stiton as registerea agent.		
	UJ			
	i 1			
	\mathcal{X}			

under the law of which it is incorporated. \(\frac{1}{2} \)

A. DIRECTORS Name: EYAL BARTFELD Name: _____ Chairman ■Chairman 20 HADARIM STREET TRIDENT CHAMBERS □Vice Chairman Address □Vice Chairman Address: WICKHAMS CAY, ROAD TOWN MAZKERET BATIAL, ISRAEL Director Director TORTOLA, BRITISH VIRGIN ISLANDS □President □ President □Vice President _____ □ Vice President □Treasurer □Treasurer ☐ Secretary ■ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Name: JACK B. DWECK Name: _____ Chairman □ Chairman 19925 NE 39TH PLACE Address'_ □ Vice Chairman ☐ Vice Chairman Address: SUITE 304 Director □ Director AVENTURA, FL 33180 □President □President □Vice President _____ □Vice President □ Secretary **■**Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman □ Chairman Name: Name: □ Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □President □ President □ Vice President ____ ☐ Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer ☐Other _____ □Other _____ □Other □Other _____ Important Notice: Use an attachment to report more than six (6) The stachment 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. 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 \$.817.155, F.S.

JACK B. DWECK, DIRECTOR

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "RENAL AT HOME CORPORATION" 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 SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RENAL AT HOME CORPORATION" WAS INCORPORATED ON THE THIRD DAY OF MARCH, A.D. 2022.



Jeffrey W. Bullioch, Secretary of State

Authentication: 204299838