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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	TIAW	MAIL MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
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estial Instructions to Filin	in Officer:	
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APTRO FILE



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: \$66.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	02/17/2023		
Name:_	Jennifer Bia	lowas	<u>.</u>
	se #:1909		_
Entity Na	ıme:	LEAFV	WELL, INC.
	ticles of Incorporation		
☐ Ai	mendment		
	nange of Agent		
☐ R	einstatement		
C	onversion		
□М	erger		
	ssolution/Withdrawal		
☐ Fi	ctitious Name		
V 0	ther Upon filin	g please provide	e a certified copy and good standing
Authorize	ed Amount:	87.50	
Signatur	e:		

F: +852.2682.9790

COVER LETTER

	Registration Section Division of Corporations			
SUBJE	CCT: Leafwell, Inc.			
CODGL		corporation -	must include suffix	
Dear Sir	or Madam:			
"Certific	losed "Application by Foreign Cor cate of Existence." or "Certificate of eferenced foreign corporation to tra	f Good Standit	ig" and check are submitt	
Please re	eturn all correspondence concernin	g this matter to	the following:	
Emily F	isher			
	·- · · -	Name of Pe	rson	
Leafwel	l, Inc.			
		Firm/Compa	ny	
9100 So	uth Dadeland Blvd., Suite 1701			
		Address		
Miami, I	FL 33156			
		City/State and	Zip code	
sschroed	ler@leafwell.com			
	E-mail address:	(to be used for	future annual report notif	ication)
For furtl	her information concerning this ma	tter, please call	:	
Stuart S.	Schroeder	316 t ()	2147868	
	Name of Person	Area Code	Daytime Telephone	e Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	:	MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
Please m	d is a check for the following amou ake check payable to: FLORIDA DEI 00 Filing Fee	PARTMENT O Fee &		■ \$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.

Leafwell, Inc.				
(Enter name of c	orporation: must include "INCORPORATED," "orp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION	N,"	
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transactir	ng business in Florida)	
Deleware	3 3:	5-2725224		
	y under the law of which it is incorporated)	rated) (FEI number, if applicable)		
09/13/2021	5.			
	(Date of incorporation) (Date of durat		duration, if other than perpetual)	
	(Date first transacted business in F	lorida, if prior to registration)		
ALON Cook that	(SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty habili	ity)	
	eland Blvd., Suite 1701, Miami, FL 33156			
	(Principal office	street address)		
	(Current mailing a	address, if different)		
	(curen maning	address, it differently	23 F	
. Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	- E	
	Cogency Global Inc.		. 7	
Name:		_		
Office Address:	115 North Calhoun Street, Suite 4		AH 10: 1,5	
	Tallahassee	, Florida ³²³⁰¹	<u></u>	
	(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.

(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 **Emily Fisher** □Chairman □ Chairman Name: _____ Name: 9100 South Dadeland Blvd. □Vice Chairman Address: □Vice Chairman Address: Suite 1701 □ Director □ Director Miami, FL 33156 President □ President □Vice President ☐ Vice President ☐Treasurer ■Secretary Treasurer □ Secretary □Other ____ Other □Other _____ Other Name: _____ □ Chairman □ 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 ☐ Chairman Name: Name: □Vice Chairman Address: _____ □ Vice Chairman Address: □Director □ Director □ President President □Vice President __ □ Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐Treasurer □Other _____ □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. 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. Emily Fisher, Chief Executive Officer (Typed or printed name and capacity of person signing application)

Page 1



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

DELAWARE, DO HEREBY CERTIFY "LEAFWELL, 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEAFWELL, INC."

WAS INCORPORATED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2018.

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

Authentication: 202734589

Date: 02-17-23