

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000177282 3)))



H230001772823ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

:	INCFILE.COM LLC
;	120220000070
:	(888)462-3453
:	(877)919-2613
	:

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ____EFILE1234@INCFILE.COM



FOREIGN PROFIT/NONPROFIT CORPORATION VIRTUAL HEALTH 360 INC.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75



Page: 1/5

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: VIRTUAL HEALTH 360 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:

Lovette Dobson

Name of Person

Firm/Company

17350 State Hwy 249, #220

Address

Houston, TX 77064

City/State and Zip code

EFILE1234@INCFILE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lovette Dobson	at (1) 888-462-3453					
Name of Person	Area Cod	e Daytime Teleph	ione Number				
STREET/COURIER ADDRE	ESS:	MAILING AI	DDRESS:				
Registration Section		Registration Sc	ection				
Division of Corporations		Division of Corporations					
The Centre of Tallahassee		P.O. Box 6327	•				
2415 N. Monroe Street, Suite 810 Talla			allahassee, FL 32314				
Tallahassee, FL 32303							
Enclosed is a check for the following an	nount						
Please make check payable to: FLORIDA DEPARTMENT OF STATE							
□ \$70.00 Filing Fee		S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &				

Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT (((H23000177282 3))) **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.

(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 (State or country under the law of which it is incorporated) (FEI number, if applicable) 5. Perpetual 4 05/04/2023 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7.5119 Gramercy Square Dr, Delray Beach, FL 33484 (Principal office street address) (Current mailing address, if different) 2 I AVH 5707 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REPUBLIC REGISTERED AGENT LLC Name: 1150 Nw 72nd Ave Tower I Ste 455 Office Address: _____. Florida <u>33126</u> (Zip.code) Miami (City)

9. Registered agent's acceptance:

1. VIRTUAL HEALTH 360 INC.

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.

Wealey Dolan (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.

5/12/2023 09:15:16 CDT. A. DIRECTORS

13.

Page: 4/5 (((H23000177282 3)))

UChairman	Name, Jeffry Smith	i_!Chainnan	Name:	,
EWice Chairman	Address:	EIN ice Chairman	Address:	
MDirector	5119 Gramercy Square Dr	.*Director		
W President	Delray Beach, FL 33484	. President		
ElVice President		. Wice President		
∕⊿Secretary	X Freasurer	!Secretary		[]]Treasurer
(DOther	Other	L10ther		
LJChairman	Name:	ElChairman	Name:	
El Vice Chairman	Address:		Address:	
(¹¹ Director		Director		·····
President	······	ÜPresident		
11Vice President		DVice President		
Secretary	[]]Treasurer	UlSecretary		⊡Treasurer
Other	ClOther	, ³ Other <u>-</u>		(]Other
75Chairman	Name:	ElChairman	Name:	
EX ree Chairman	Address:	EDVice Chairman	Address.	
OlDirector	·	DDirector	·····	
EPresident		President		
("Wice President		CNice President		
Usecretary	⊡Treasurer	Alsecretary		D Freasurer
{JOther	DOther	[]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. Signature of Director or Officer

The officer or director signing this document (and who is fisted in number 1) 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 ins.817.155. F.S.

Upped or printed name and capacity of person signing application)



(((H23000177282 3)))

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIRTUAL HEALTH 360 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 ELEVENTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIRTUAL HEALTH 360 INC." WAS INCORPORATED ON THE FOURTH DAY OF MAY, A.D. 2023.

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



Jaffrey W. Budlock, Secretary of Slate

Authentication: 203323473 Date: 05-11-23 Page: 5/5

(((H23000177282 3)))

7442761 8300

SR# 20231958663 You may verify this certificate online at corp.delaware.gov/authver.shtml