

F23000003025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

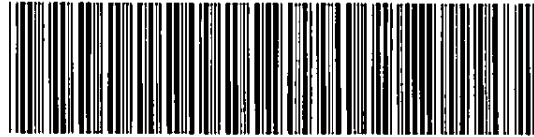
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700409045867

RECEIVED  
2023 MAY 22 PM 3:21  
FILED  
2023 MAY 22 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 709842 8292137

AUTHORIZATION :

COST LIMIT : \$300.00

ORDER DATE : April 28, 2023

ORDER TIME : 1:47 PM

ORDER NO. : 709842-005

CUSTOMER NO: 8292137

*Take any late fees  
Needed due to  
line 6*

FOREIGN FILINGS

NAME: KINTSUGI MINDFUL WELLNESS,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Sector  
Division of Corporations  
Kinisugi Mindful Wellness, Inc

**SUBJECT:** \_\_\_\_\_  
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  
Grace Chang

| Name of Person                  |
|---------------------------------|
| Kintsugi Mindful Wellness, Inc. |

Firm/Company  
1569 Solano Avenue #365

|                    |         |
|--------------------|---------|
|                    | Address |
| Berkeley, CA 94707 |         |

City/State and Zip code

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

For further information concerning this matter, please call:

Name of Person \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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 32305

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
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

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

Kintsugi Mindful Wellness, Inc.

1 (Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
Delaware

2 (State or country under the law of which it is incorporated) 3 (FEI number, if applicable)  
November 12, 2019

4 (Date of incorporation) 5 (Date of duration, if other than perpetual)  
2-14-2022

6 (Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
1569 Solano Avenue #365 Berkeley, CA 94707

7 (Principal office street address)

(Current mailing address, if different)


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

Name Ben Alieca  
Office Address 204 Birchwood Drive  
Davenport, Florida 33897  
(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.

Corporation Service Company

By:  (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.

SECRETARY OF STATE  
TALLAHASSEE, FL.

2023 MAY 22 PM 2:46

FILED

☐ Chairman Name GRACE CHANG  
☐ Vice Chairman Address 1569 Solano Ave #365  
Berkeley CA 94707  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☒ Other CEO ☐ Other \_\_\_\_\_

☐ Chairman Name \_\_\_\_\_  
☐ Vice Chairman Address \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

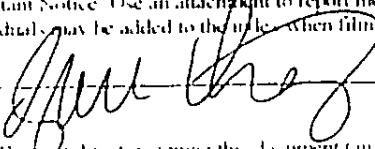
☐ Chairman Name \_\_\_\_\_  
☐ Vice Chairman Address \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ 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 \_\_\_\_\_

☐ 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  \_\_\_\_\_  
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 § 817.03, F.S.

Grace Chang - CEO

Typed, printed name and capacity of person signing application

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KINTSUGI MINDFUL WELLNESS, 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-EIGHTH DAY OF APRIL, 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 "KINTSUGI MINDFUL WELLNESS, INC." WAS INCORPORATED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2019.

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



7700322 8300

SR# 20231701161

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203240291

Date: 04-28-23