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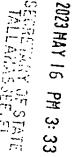
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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COVER LETTER

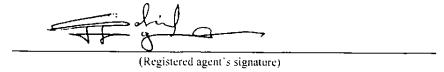
TO:		ntion Section of Corporations					
SUBJ	ECT:	28 Wellness, Inc.					
	Name of corporation - must include suffix						
Dear S	ir or Mad	am:					
"Certit above	ficate of E reference	Application by Foreign Existence," or "Certific d foreign corporation t correspondence conce	ate of Good Star o transact busine Text	nding" :ss in F t	and check are sub lorida.	ct Business in Florida." mitted to register the	
			Gabriel Hu	ugobod	om		
			Name of	Persor	1		
			28 Wellne	ess, Ind			
		 -	Firm/Con	npany			
			2121 Biscayne B	lvd. Su	ite 1028		
			Addr	ess			
			Miami, FL	33137			
			City/State a	nd Zip	code		
			ea@28	B.co			
		E-mail addi	ess: (to be used:	for futt	ire annual report r	notification)	
For fur	ther infor	mation concerning thi	s matter, please o	call:			
	Gabriel	Hugoboom	at (310)	612-4445		
-	Name o	f Person	Area Cod	e	Daytime Telepl	hone Number	
	Registra Division The Cen 2415 N.	T/COURIER ADDR tion Section a of Corporations tre of Tallahassee Monroe Street, Suite isee, FL 32303			MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	
Please i			DEPARTMENT	3 \$78.	FATE 75 Filing Fee & ified Copy	S87.50 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.

	28 Wellness, Inc.					
(Enter name of c "Inc" "Co" "C	orporation: must include "INCORPORATED," orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"				
(If name unavail:	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting bu	siness in Florida)			
Delaware	3	92-2248976				
(State or country under the law of which it is incorporated)		(FEI number, if applicable)				
02-02	2-235.					
(Date	of incorporation)	(Date of duration, if other than	perpetual)			
	02-02-23					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)					
2121 Biscayne Blvd., Suite 1028 Miami, FL 33137						
	(Principal office	street address)				
	(Current mailing	address, if different)	- F.			
Name and stree	t address of Florida registered agent: (P.O.)	Box <u>NOT</u> acceptable)	SECRE VIEW OF			
Name:	Gabriel Hugoboom		- 532 °			
Office Address:	2121 Biscayne Blvd. Suite 1028	-	SE S			
	Miami	, Florida 33137	-034			
	(City)	(Zip code)	14.j			

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.



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.

A. DIRECTORS							
□Chairman	Name:Gabriel Hugoboom	□Chairman	Name:				
□Vice Chairman	Address: 2121 Biscayne Blvd	□Vice Chairman	Address:				
□Director	Suite 1028	□Director					
□President	Miami, FL 33137	□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	□Treasurer				
☑Other CEO		□Other	Other				
□Chairman	Name:	□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	Name;	□ Chairman	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: Undividuals may be	ise an attachment to report more than six (6). The attac added to the index when filing your Florida Departmen	it of State Annual Re	port form.				
12.		(AT					
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.							
13	Gabriel Hugoboom						
(Typed or printed name and capacity of person signing application)							

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "28 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 TWENTIETH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "28 WELLNESS, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2020.

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

Authentication: 203178075

Date: 04-20-23

4164871 8300 SR# 20231536773