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T. LEMIEUX

COVER LETTER

	gistration Section vision of Corporations			
SUBJECT	Apricity Health Advocates In	ıc.		
SCECE		of corporation	- must include suffix	
Dear Sir or	Madam:			
"Certificate	ed "Application by Foreign Co of Existence," or "Certificate enced foreign corporation to t	of Good Stan	ding" and check are submitt	
Please retu	m all correspondence concern	ing this matter	to the following:	
Valentina L	ugo			
		Name of	Person	
		Firm/Com	pany	·
1007 N Ora	nge St. 4th Floor Suite #1050			
		Addre	ess	
Wilmington	, Delaware 19801			
-		City/State a	nd Zip code	
agent@first				
	E-mail addres	s: (to be used f	or future annual report notif	ication)
For further	information concerning this n	natter, please c	all:	
Valentina L	ugo	929 at (3050668	
N	ame of Person	Area Cod	Daytime Telephone	e Number
Re Di Th 24	REET/COURIER ADDRES gistration Section vision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite 819 llahassee, FL 32303		MAILING ADD Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
	a check for the following am check payable to: FLORIDA D Filing Fee	EPARTMENT 1g Fee &		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.

(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SON Mills Ave 248 Orlando, Florida 32803 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Firstbase Agent LLC	(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Firstbase Agent LLC 111 NE 1st St. 8th Floor Suite #88592	(State or country under the law of which it is incorporated) (5) (5) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	If name unavail	ible in Florida, enter alternate corporate name a	dopted for the purpose of transacti	ng business in Florida
(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 650 N Mills Ave 248 Orlando, Florida 32803 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Firstbase Agent LLC	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SO N Mills Ave 248 Orlando, Florida 32803 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Firstbase Agent LLC 111 NE 1st St, 8th Floor Suite #88592 Miami Florida 33132	(State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Firstbase Agent LLC 111 NE 1st St, 8th Floor Suite #88592 Miami (City) Florida 33132 (Zip code)	Delaware	7	92-3926848	
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ving been named as registered agent and to accept service of process for the above stated corporation ignated in this application, I hereby accept the appointment as registered agent and agree to act in thi	ving been named as registered agent and to accept service of process for the above stated corporation at th ignated in this application, I hereby accept the appointment as registered agent and agree to act in this cal	ignated in this application, I hereby accept the appointment as registered agent and agree to act in this cap	Name: lice Address: Registered ag ving been nan ignated in this	Firstbase Agent LLC 111 NE 1st St, 8th Floor Suite #88592 Miami (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointm	, Florida 33132, Florida (Zip code) The of process for the above state ent as registered agent and ago	ree to act in this cap
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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 Name: ______ Katelyn Julia Glass □Chairman □ Chairman Name: _____ 1650 N Mills Ave 248 □Vice Chairman Address: □Vice Chairman Address: Orlando, Florida 32803 □ Director Director □President ■ President ☐Vice President □Vice President □Treasurer **■**Treasurer □ Secretary **■**Secretary □Other ______ □Other _____ ☐Other ______ Other _____ □ Chairman ☐ Chairman Name: Address: □Vice Chairman □Vice Chairman Address: _____ □ Director □ Director □President □President ☐ Vice President □ Vice President _____ □Treasurer ☐Treasurer ☐Sccretary ☐ Secretary □Other Other ____ □ Chairman Name: ____ Chainnan Name: ____ □Vice Chairman Address: ______ □Vice Chairman Address: Director Director President □President □Vice President ☐Vice President _____ ☐ Treasurer □ Secretary ☐ Treasurer □ Secretary □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. 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. Katelyn Julia Glass - President (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 "APRICITY HEALTH ADVOCATES 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 JUNE,

A.D. 2023.

Authentication: 203648917

Date: 06-28-23

7438562 8300 SR# 20232875032

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