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(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(Bu	isiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to				
	22, 28 g)			
	JA 682			

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COVER LETTER

_	tration Section ion of Corporations			
SUBJECT:	SALUTARIS VITAE INC			
SODJEC1.	Name	of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign C f Existence," or "Certificate ced foreign corporation to t	e of Good Stand	ling" and check are sub-	
Please return a	all correspondence concern	ing this matter	to the following:	
J. CHRISTOPI	HER FLAHERTY			
		Name of P	erson	
SALUTARIS '	VITAE INC			
		Firm/Comp	pany	
2122 KIRKLA	ND LAKE DRIVE			
		Addres	SS	
AUBURNDAI	LE, FL 33823			
		City/State an	d Zip code	
JCFLAHERTY	Y@AHEEBUILD.COM			
	E-mail addres	s; (to be used fo	or future annual report n	otification)
For further inf	formation concerning this r	natter, please ca	ill:	
J. CHRISTOPI	HER FLAHERTY	at () 460 5190 Daytime Teleph	
Name	e of Person	Area Code	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
Enclosed is a dependence of the Please make ch □ \$70.00 Fili	check for the following am seek payable to: FLORIDA D ing Fee	EPARTMENT of the second	OF STATE \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPEICATION 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.

I. SALUTARIS V				· · · - ·		
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "C	COMPANY," "CORPORATION,"			
(If name unavaila	able in Florida, enter alternate corporate nan	ne adoj	nted for the purpose of transacting bu	siness ir	Florida	
DELAWARE 3.			92-3429857			
	(State or country under the law of which it is incorporated)		92-3429857 (FEI number, if applicable)			
APRIL 3, 2023 5.		5				
(Date of incorporation)			(Date of duration, if other than perpetual)			
·						
2122 1/101/11 12/1	•	.1502.	orida, if prior to registration) F.S., to determine penalty liability)		2023	
	D LAKE DRIVE, AUBURNDALE, FL 338		treet address)		~	
	(1 the par o	111CC <u>31</u>	dect address)			
	(Current mai	ling ad	dress, if different)		- B - B - B - B - B - B - B - B - B - B	
. Name and stree	t address of Florida registered agent: (F	.O. B	ox NOT acceptable)	•		
Name:	J. Christopher Flaherty		_			
Office Address:	2122 Kirkland Lake Drive		_			
	Auburndale		. Florida <u>33823</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.

.A. DIRECTORS	••					
■ Chairman	J. CHRISTOPHER FLAHERTY Name:	□Chairman	Name:	<u> </u>		
□Vice Chairman	Address: 2122 Kirkland Lake Drive	□Vice Chairman	Address:			
□Director	Auburndale, FL 33823	□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		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman		□Vice Chairman				
		□ Director				
Director		□President				
□ 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.						
12.	Signature of Director or	Officer				
The officer or direct she is aware that fa	ctor signing this document (and who is listed in number alse information submitted in a document to the Departr	H above) affirms th	at the facts stated h	serein are true and that he or		

s.817.155, F.S.

13. J. Christopher Flaherty

The First State

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

DELAWARE, DO HEREBY CERTIFY "SALUTARIS VITAE 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 JUNE, A.D. 2023.

2023 J = 20 Pit 6: 11

Authentication: 203583435

Date: 06-20-23