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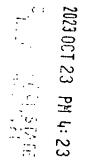
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# TALLAIDISSEE, FL

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#### **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJ	JECT: Cervu, In-	c.			
		Name of corp	oration -	must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existenc	ion by Foreign Corporati e," or "Certificate of Goo in corporation to transact	od Standi	ng" and check are subn	
Please	return all corresp	condence concerning this	matter to	the following:	
Alan R	tosenbaum				
		Na	me of Pe	rson	
Cervu,	, Inc.				
		Fir	m/Compa	nny.	
113 D	orchester Pines Ct				
	<del></del>		Address	· · · · · · · · · · · · · · · · · · ·	
Cary,	NC 27511				
	-	City/	State and	Zip code	
alan@	cervuhealth.com				
		E-mail address: (to be	used for	future annual report no	otification)
For fu	rther information	concerning this matter, p	lease cal	<b>l</b> :	
Alan F	Rosenbaum	765 at (	5	4124512	
	Name of Perso		ea Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please		the following amount: le to: FLORIDA DEPART  \$78.75 Filing Fee & Certificate of Statu	& 🗆 :	OF STATE 578,75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

#### **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.

Cervu, Inc.			
	orporation: must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	." "COMPANY." "CORPORATION.	••
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)
North Carolina		N/A	
2. (State or country	y under the law of which it is incorporated)	(FEI number, if app	licable)
4. 30-Jun-2022		N/A	
(Date	of incorporation)	(Date of duration, if other th	nan perpetual)
6. N/A			
		in Florida, if prior to registration) 502, F.S., to determine penalty liability	
113 Dorchester Pi		502, 1.5., to determine penalty habiting	,,
7	nes Ct, Cary NC 27511 (Principal off	fice street address)	
	V		
	(Current maili	ng address, if different)	
Name: Office Address:  9. Registered age Having been nam designated in this further agree to c	Registered Agents Inc  7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance:  red as registered agent and to accept serve application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my positions of my positions.	33702, Florida (Zip code) sice of process for the above stated ment as registered agent and agree relative to the proper and complete	e to act in this capacity. $I=$
ana i am jamuiai	wan and accept the omigations of my p	ostion as regimered agent.	
_	David Robe		2023 OCT 2
	(Registered agent's	signature)	7
the Department of	certificate of existence duly authenticated State, by the Secretary of State or other or which it is incorporated.	l, not more than 90 days prior to del official having custody of corporate	livery of this application to

□Chairman □Vice Chairman □Director ■President □Vice President □Secretary	Name: Alan Rosenbaum  113 Dorchester Pines Ct  Cary, NC 27511   Treasurer  Other	□Chairman □Vice Chairman □Director □President □Vice President ■Secretary □Other	Abigail Scheer  Name:				
□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				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	<del></del>	□Director					
□President		□President					
□Vice 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 director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or							

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 of 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. Alan Rosenbaum, CEO and President



### NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### CERVU, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 30th day of June, 2022, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

of Raleigh, this 17th day of October, 2023.

Elaine J. Marshall

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City

Secretary of State

Certification# 117789807-2 Reference# 20487849- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification