

F23000006244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

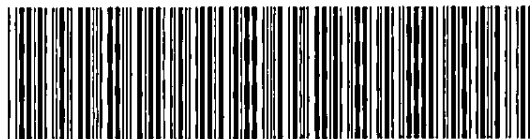
(Business Entity Name)

(Document Number)

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2023 OCT 27 PM 3:35

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALTITUDE HEALTH CORP
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:

Adam Berk

Name of Person

Altitude health corp

Firm/Company

9370 Grand Estates Way

Address

BOCA RATON, FL 33496

City/State and Zip code

ALB9370@gmail.com

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

For further information concerning this matter, please call:

Adam Berk

Name of Person

at (917)

Area Code

690 7556

Daytime Telephone 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

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

**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.

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

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

2. Nevada 3. 93 1566179
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/5/23 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9370 Grand Estates Way
(Principal office street address)

(Current mailing address, if different)

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

Name: JAS Advisors, Inc.

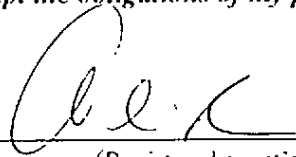
Office Address: 9370 Grand Estates Way

BOCA RATON, Florida 33496
(City) (Zip code)

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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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: Adam Berk
☐ Vice Chairman Address: 9370 Grand Estab Way
☐ Director Boca Raton, FL 33496
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

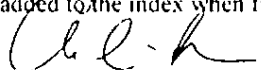
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jake Crawford
☐ Vice Chairman Address: 9370 Grand Estab Way
☐ Director Boca Raton, FL 33496
☐ 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 s.817.155, F.S.

13. Adam Berk
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Altitude Health Corp.** as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 05/25/2023, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/24/2023.

A handwritten signature in cursive script that reads "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202310244060375

You may verify this certificate
online at <http://www.nvsos.gov>

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:	ALTITUDE HEALTH CORP	Entity Number:	E32218852023-4
Entity Type:	Domestic Corporation (78)	Entity Status:	Active
Formation Date:	05/25/2023	NV Business ID:	NV20232799347
Termination Date:	Perpetual	Annual Report Due Date:	5/31/2024

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:	Northwest Registered Agent, LLC.	Status:	Active
CRA Agent Entity Type:		Registered Agent Type:	Non-Commercial Registered Agent
NV Business ID:		Office or Position:	
Jurisdiction:			

Street 401 Ryland St., STE
Address: 200-A, Reno, NV,
89502, USA

Mailing 401 Ryland St., STE
Address: 200-A, Reno, NV,
89502, USA

Individual
with
Authority to
Act:

Fictitious
Website or
Domain
Name:

OFFICER INFORMATION

**VIEW HISTORICAL
DATA**

Title	Name	Address	Last Updated	Status
President	Adam Berk	9370 Grand Estates Way, Boca Raton, FL, 33496, USA	05/25/2023	Active
Treasurer	Jake Crawford	9370 Grand Estates Way, Boca Raton, FL, 33496, USA	05/25/2023	Active

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CURRENT SHARES

Class/Series	Type	Share Number	Value
	Common	10,000,000	0.001
	Preferred	4,500,000	0.001
	Authorized	100,000,000	0.001

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Number of No Par Value **0**
Shares:

Total Authorized Capital: **114,500**

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