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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Somaentis Medical Group Inc.		
· · · · · · · · · · · · · · · · · · ·	on - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good St above referenced foreign corporation to transact busing	anding" and check are submitted to register the	
Please return all correspondence concerning this mat-	ter to the following:	
Ashley Fickenscher		
Name o	of Person	
Keating Muething & Klekamp PLL		
Firm/Co	ompany	
1 E Fourth Street, Ste. 1400		
Ad	dress	
Cincinnati, OH 45202		
City/State	and Zip code	
afickenscher@kmklaw.com		
E-mail address: (to be use	d for future annual report notification)	
For further information concerning this matter, please	e call:	
Ashley Fickenscher 513	579-6539	
Name of Person Area Co	ode 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 STREET STRE	NT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.

Dalawara	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	g business in Flo	orida)	-
(State or countr	y under the law of which it is incorporated)	(FFI number if ann	-4882042 (FEI number, if applicable)		-
12/12/2023	, under the law of which it is meorporated)	(1 121 пишост, 11 арр	meatic)		
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)			-
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		y)		-
1200 S Ocean Blv	rd, Apt 16B, Boca Raton, FL 33432				-
	(Principal offic	e street address)			
	(Current mailin	address, if different)		20:	
	(Corren manng	, dedicas, ii direcent)	ACC.	/L //	
Name and stree	et address of Florida registered agent: (P.O.	. Box NOT acceptable)	<u> </u>	JAN 16	estant patri
Name:	C T Corporation System		25 C		india.
ffice Address:	1200 South Pine Island Road		mi mai	PM 3:	, remains
	Plantation	, Florida <u></u>	广 监	25	
	(City)	(Zip code)			
Registered ag	mi s accentance:		aamamatias a	t the	place
	ed as registered agent and to accept servic				
aving been nam signated in this		ent as registered agent and agree	e to act in this	capa	city.

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.

DocuSign Envelope ID: 56A2B3FD-D2A2-4D5E-AC4F-907191227B44

A. DIRECTORS				
□Chairman	Name: Paola Andrea D' Aleman Poveda	□Chairman	Name:	
□Vice Chairman	Address: 1200 S Ocean Blvd, Apt 16B	□Vice Chairman	Address:	
□Director	Boca Raton, FL 33432	□Director		
■ President		□President		
□Vice President		□Vice President		· • • • • • • • • • • • • • • • • • • •
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
■Other CEO	Other	□Other		□Other
□Chairman	Jean-Sébastien Delage	□Chairman	Name	
□ Vice Chairman	1200 S Ocean Blvd, Apt 16B	□ Vice Chairman		
Director	Boca Raton, FL 33432	□ Director	. radiv.s.s	
□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
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	artment of State Annual Re	port form.	
12 Jenu-Sél	asticn Delay Signature of Dire	ctor or Officer		
The officer or direct	etor signing this document (and who is listed in nulse information submitted in a document to the E	umber 11 above) affirms th	at the facts stat	ed herein are true and that he or

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SOMAENTIS MEDICAL GROUP 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 TENTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOMAENTIS MEDICAL GROUP INC." WAS INCORPORATED ON THE TWELFTH DAY OF DECEMBER, A.D. 2023.

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

Authentication: 202569374

Date: 01-10-24