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COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	Genie Health, Inc.			
oobale i.	Name	of corporation ·	· must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to to	of Good Stand	ing" and check are submitte	
Please return	all correspondence concerni	ng this matter	to the following:	
Rui Xu				
	<u> </u>	Name of P	erson	
Buckley King	LPA 			
		Firm/Comp	pany	
600 Superior A	venue E., Ste. 1400			
		Addres	SS	
Cleveland, Ohi	o 44114			
		City/State an	d Zip code	
	F-mail address	: (to be used fo	or future annual report notifi	cation)
			·	
For further in	formation concerning this m	iatter, please ca	III:	
Rui Xu		at (216) 685-4744		
Name	e of Person	Area Code	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 ADDI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 3	on rations	
Enclosed is a e Please make ch ■ \$70.00 Fili	check for the following amoved payable to: FLORIDA DI ng Fee	EPARTMENT (g Fee &		\$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.

	orporation: must include "INCORPORATED," "Corp." "Inc." "Co," or "Corp.")	OMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name adop	ted for the purpose of transacting busin	ess in Florida)
Delaware	3.		
(State or counti	y under the law of which it is incorporated)	(FEI number, if applicable	e)
07/10/2024	5	(Date of duration, if other than pe	
(Date	of incorporation)	(Date of duration, if other than pe	rpetual)
6555 SANGER I	(SEE SECTIONS 607.1501 & 607.1502, I RD STE 100, ORLANDO, FL 32827 (Principal office st		
	(Current mailing add	dress, if different)	2024 St.
Name and stre	(Current mailing addersorted agent: (P.O. Bo		2024 OCT
Name and stre	•		2024 OCT -1
	et address of Florida registered agent: (P.O. Bo		2024 OCT -1 PM 1
Name:	et address of Florida registered agent: (P.O. Bo Timothy Hedke		2024 OCT -1 PM 4: 42 STATE OF STATE
Name:	et address of Florida registered agent: (P.O. Bo Timothy Hedke 6555 Sanger Rd. Ste. 100	ox <u>NOT</u> acceptable) - - -	2024 OCT -1 PM 4:42

and I am familiar with and accept the obligations of my position as registered agent.

Tim Hedke

(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	Timothy Hedke	□Chairman	Name:				
	Address: 6555 SANGER RD STE 100	□Vice Chairman	6555 SANGER RD STE 100				
	ORLANDO, FL 32827		Address: ORLANDO, FL 32827				
■Director							
□President		■ President					
■Secretary COO	□Treasurer CFO	☐ Secretary	□Treasurer				
⊞Other	■Other —	□Other	Other				
■Chairman	Name:	□Chairman	Samuel Lee Burton				
□Vice Chairman	Address: 6555 SANGER RD STE 100	□Vice Chairman	Address: 6555 SANGER RD STE 100				
□Director	ORLANDO, FL 32827	Director	ORLANDO, FL 32827				
□President		□President					
□Vice President		□Vice President					
□Secretary	■Treasurer	Secretary	□Treasurer				
■Other <u>CEO</u>		□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				
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. Tun Hedke Signature of Director or Officer							
	Signature of Director of	r Officer					
The officer or director signing this document (and who is fisted 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.							
Timothy Hedke, Chief Operating Officer and Chief Financial Officer (Typod or printed popularly of purposity							
(Typed or printed name and capacity of person signing application)							



Page 1

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

DELAWARE, DO HEREBY CERTIFY "GENIE HEALTH, 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 THIRTIETH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GENIE HEALTH,

INC." WAS INCORPORATED ON THE TENTH DAY OF JULY, A.D. 2024.

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

Authentication: 204050191

Date: 07-30-24

4195631 8300 SR# 20243280739

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