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COVER LETTER

TO: Registration Section

	ion of Corporations				
SUBJECT:	HEALTHY MD MIDCO, INC.				
Name of corporation - must include suffix					
Dear Sir or M	adam:				
"Certificate of	"Application by Foreign Corp f Existence," or "Certificate o ced foreign corporation to trai	f Good Stand	ing" and check are sub		
Please return	all correspondence concerning	g this matter (to the following:		
CLIFFORD W	KNIGHTS II				
	· · · · · · · · · · · · · · · · · · ·	Name of P	erson		
HEALTHY M	D MIDCO, INC.				
		Firm/Comp	pany		
6119 Lyons Ro	ad				
	- ,-	Addres	ss	· 	
Coconut Creek	, FL 33073				
		City/State and	d Zip code	· · · · · · · · · · · · · · · · · · ·	
hmd.gov@heal	thymd.com				
	E-mail address: ((to be used fo	r future annual report r	otification)	
For further inf	formation concerning this mat	tter, please ca	II:		
Nicole Marsh	ลุง	786 t (721-7022		
Name	e of Person	Area Code	Daytime Telepi	hone Number	
Regis Divisi The C 2415	CET/COURIER ADDRESS: tration Section on of Corporations tentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations	
	check for the following amount on the ck payable to: FLORIDA DEP ng Fee	PARTMENT (Fee &	OF STATE \$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 PLORIDA

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. HEALTHY MD MIDCO, INC.

(Enter exame of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "loc.," "Co.," "Corp." "Inc.," "Co.," a "Corp.")

	lable in Florida, enter alternate corporate nan	me adopted for the purpose of transacting business in Florida)	
elaware .		3 99-0694051	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
2/28/2023		5.	
(Date of incorporation)		(Date of distration, if other than perpetual)	
ume es registra	ition		
		s in Florida, if prior to registration) 7.1502, F.S., to determine penalty lizhility)	
09 Orange Str	cet, Wilmington DE, 19801	1100, r.s., we determine peranty radintry)	
		office street address)	
19 Lyons Ros	d, Ceconut Creek, FL 33073		
·	(Current mai	iling address, (f'different)	
		프스	
		## *J~	
ame and <u>stre</u>	et address of Florida registered agent: (P	P.O. Box NOT acceptable)	
ame and <u>stre</u> Name:	et address of Florida registered agent: (P Registered Agents, Inc.	P.O. Box NOT acceptable)	
		P.O. Box NOT acceptable)	
Name:	Registered Agents, Inc.	P.O. Box NOT acceptable)	

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.

/s/ David Roberts	
(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: Clifford W Knights II	□Chairman	Name: Steve Vixamar
□Vice Chairman	Address:		Address:
Director	Coconut Creek, FL 33073	Director	Coconut Creek, FL 33073
□President		President	
☐ Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other		Other	Other
□ Chairman	Name:	[]Chairman	Name:
□Vice Chairman	Address:		Address:
Director		Director	
□President		President	
□Vice President		□Vice President	
Secretary	☐Treasurer	☐ Secretary	☐Treasurer
□ Other	□Other	[]Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:		Address:
□Director		Director	
President		President	
□Vice President		Uvice President	
☐ Secretary	Treasurer	☐ Secretary	☐ Treasurer
Other	Other	Other	Other
12.	Signatur	prida Department of State Annual Rep re of Director or Officer	for reporting purposes only. Non-indexed ort form.
she is aware that fal. s.817.155, F.S.	se information submitted in a documer	nt to the Department of State constitute	s a third degree felony as provided for in
13.	STEVE	VIXAMAR DIRECTO	R

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HEALTHY MD MIDCO, 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 TWENTY-FIRST DAY OF OCTOBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHY MD MIDCO, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2023.

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

Authentication: 204684228

Date: 10-21-24