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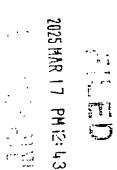
(Requestor's Name)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
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M. SOLOMON MAR 27 2025

COVER LETTER

TO: Registration S Division of Co					
	Wealth Senior Living, Inc.				
SUBJECT:	Name of corporati	ion - must include suffix			
Dear Sir or Madam:					
"Certificate of Existen	ation by Foreign Corporation force," or "Certificate of Good Stign corporation to transact busi	for Authorization to Transact Business in Floritanding" and check are submitted to register the iness in Florida.	ida," he		
Please return all corres	spondence concerning this mat	tter to the following:			
Jungkun Centofanti					
	Name o	of Person	······································		
Worthy Wealth Senior I	Living, Inc.				
	Firm/Co	Company			
551 NW 77th Street, Su	ite 212	•			
	Ad	ldress	20		
Boca Raton, FL 33487		•			
	City/State	e and Zip code	3 :		
jang@worthywealth.com	·	e und Exp code	7		
		ed for future annual report notification)	2 1		
For further informatio	n concerning this matter, pleas	se call:			
Jungkun Centofanti	at (288-8468	-		
Name of Pers		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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations P.O. Box 6327		
Enclosed is a check for Please make check paya \$70.00 Filing Fee	or the following amount: ble to: FLORIDA DEPARTMENT \$78.75 Filing Fee & Certificate of Status	ENT OF STATE \$78.75 Filing Fee & \$87.50 Filin Certified Copy Certificate of Certified Co	of Status &		

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.	Senior Living, Inc. orporation; must include "INCORPORATED,	" "COMPANY" "COPROPATIO	AN "		
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	COMPANY, CORPORATION	nn,		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)		
2. Georgia 3.		33-2491661			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
(Date of incorporation)		(Date of duration, if other than perpetual)			
7	(SEE SECTIONS 607.1501 & 607.1: ive, Suite 100, Alpharetta, GA 30022		lity)		
551 NW 77th Str	Principal off rect, Suite 212, Boca Raton, FL 33487	ice <u>street</u> address)			
		ng address, if different)	2025 HAR 17		
8. Name and stree Name:	et address of Florida registered agent: (P.C. Alan Jacobs	D. Box <u>NOT</u> acceptable)	·		
Office Address:	6840 Lions Head Lane		PH IS IS		
	Boca Raton	, Florida	ω ω		
	(City)	(Zip code)			

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.

A. DIRECTORS	•			
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 551 NW 77th Street, Suite 212	□Vice Chairman	Address:	<u> </u>
Director	Boca Raton, Fl 33487	□Director	************	
□President		□President		
□ Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		☐Treasurer
□Other	□Other	□Other		□Other
□Chairman □Vice Chairman ■Director	Sally Outlaw Name:551 NW 77th Street, Suite 212 Address: Boca Raton, FL 33487	□Chairman □Vice Chairman □Director	Address:	
□President		□President		
□Vice President		□Vice President	 	
☐ Secretary	□Treasurer	□ Secretary		□Treasu
□Other	Other	□Other	·	□Other ★ '**:
□Chairman □Vice Chairman □Director □President □Vice President	Name:	□Chairman □Vice Chairman □Director □President □Vice President	Address:	
☐ Secretary	□Treasurer	☐ Secretary	-	□Treasurer
□Other		Other		□Other
The officer or direshe is aware that fas.817.155, F.S.	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Departm Signature of Director of the signing this document (and who is listed in numberalse information submitted in a document to the Department of the Department	ent of State Annual Roor Officer	eport form.	ted herein are true and that he or
Alan Jacobs	s, President and COO, Director			

Control Number: 24230194

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Worthy Wealth Senior Living, Inc.
a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 28898387 Date Inc/Auth/Filed: 12/03/2024 Jurisdiction : Georgia Print Date : 03/10/2025

Form Number : 211



Brad Raffensperger

Brad Raffensperger