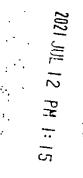
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	-
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	

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2621 JU-12 PH 3: 53

SMA

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 898945, 722730

AUTHORIZATION : Smelle le 196 -

COST LIMIT : (\$ 125.00

ORDER DATE : July 9, 2021

ORDER TIME : 2:21 PM

ORDER NO. : 898945-005

CUSTOMER NO: 7227304

FOREIGN FILINGS

NAME: CH MH SERVICES (FL), LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida The alternate name must include "Limited Liabil	hty Company," "L L.C." or "	TLLC.")
Delaware 2.				
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number,	il applicable)	_
4				
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration.) mine penalty liability)		
233 East Main Stree	et, #401	PO Box 1965		
5. (Street Address of Principal Office)		6. (Mailing Address)	207	-
Bozeman, MT 5971	5	Bozeman, MT 59771	UL 13	- 177
			-	2-14-18 4-4-18
	 		. 2	- ************************************
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	# 1:15	
Name:	Corporation Service Company			
ranc.				
Office Address:	1201 Hays Street			
	1201 Hays Street Tallahassee	32301		
		32301 Florida(Zip code)	_	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Charlie Health, Inc. □Manager □Manager Name: 233 East Main Street, #401 **■**Member □Member Address: _____ Bozeman, MT 59715 □ Authorized □ Authorized Person Person □Other___ □Other____ Other____ □ Other______ □Manager □ Manager Name: _____ Address: _______ ☐ Member □Member Address: _____ ☐ Authorized ☐ Authorized Person Person Other □Other____ Other___ Name: _____ □Manager □ Manager Name: □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person □Other______ □Other____ ___ Other____ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817,155, F.S. Justin Weiss Signature of an authorized person

Typed or printed name of signee

Justin Weiss, Vice President

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CH MH SERVICES (FL), LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

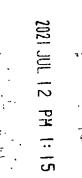
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE NINTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CH MH SERVICES"

(FL), LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2021.

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





Authentication: 203638882

Date: 07-09-21

6070972 8300 SR# 20212667779