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Da	ate:	02/03/2025	- w: DW
		Acc#I20160000072	an: Cook
Name:	AFFINITY E	HEALTH INC.	
Document #:	-		
Order #:	16123463		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	78.75	

Thank you!

COVER LETTER

_	on of Corporations			
SUBJECT:	AFFINITY EHEALTH IN	C.		
	Nam	e of corporation	n - must include suffix	
Dear Sir or M	adam:			
"Certificate of		ite of Good Sta	Authorization to Transact Bunding" and check are submitteess in Florida.	
Please return a	all correspondence concer	ming this matte	r to the following:	
Jack V. Halper	n			
		Name of	Person	
Halpern Stockh	namer, Barristers and Solicit	ors		
		Firm/Cor	mpany	
7500 Woodbin	e Avenue, Suite 300			
		Addı	ress	
Markham, Onta	ario, Canada L3R 1A8			
		City/State a	and Zip code	
halpern@halpe	rnstockhamer.com			
	E-mail addre	ess: (to be used	for future annual report notific	cation)
For further inf	ormation concerning this	matter, please	call:	
Jack V. Halper	n	905	474-3300	
Name	e of Person	Area Coo	le Daytime Telephone	Number
Regisi Divisi The C 2415 l	CET/COURIER ADDRET tration Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 nassee, FL 32303		MAILING ADDR Registration Section Division of Corport P.O. Box 6327 Tallahassee, FL 32	n ations
	~	DEPARTMEN		\$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," orp," "Inc," "Co," or "Corp,")	" "COMPANY," "CORPORATION,"
(16	III is Plaid.	adopted for the purpose of transacting business in Florida
Delaware	·	52-2277556
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
October 20, 199		
(Date	of incorporation)	(Date of duration, if other than perpetual)
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
871 Venetia Bay	Blvd. Suite 228, Venice, FL, USA 34285	
	(Principal offi	ce street address)
100 Allstate Park	away, Suite 500, Markham, ON, Canada L3R (6H3
	(Current mailin	g address, if different)
Name and stree	et address of Florida registered agent: (P.C C T Corporation System	D. Box NOT acceptable)
Mice Address:	1200 South Pine Island Road	
mee Address.	Plantation	
	(City)	. Florida 33324 (Zip code)
aving been nam		ece of process for the above stated corporation at the nent as registered agent and agree to act in this cap

C T Corporation System June Theresa Buck, Assistant Secretary

(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.

Docusign'Envelope ID: A6F47FD8-0297-4E4D-BAE9-94F97F6C0DE0

A. DIRECTORS			
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address: 100 Allstate Parkway, Suite 500,	□Vice Chairman	Address:
■Director	Markham, ON, Canada L3R 6H3	□Director	
■ President		□President	
□Vice President		□Vice President	
Secretary	■ Treasurer	□Secretary	□Treasurer
□Other	Other	Other	Other
□Chairman □Vice Chairman ■Director	Mark A. Lundahl Name: 871 Venetia Bay Blvd, Address: Suite 228, Venice, FL, USA 34285	□Chairman □Vice Chairman □Director	Name:Address:
□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	Other
individuals may be	Use an attachment to report more than six (6). The attended to the index when filing your Florida Department	nent of State Annual R	
John Stracy	Signature of Director	or Officer	
she is aware that fi s.817.155, F.S.	ctor signing this document (and who is listed in numb alse information submitted in a document to the Depa acy, President		

Page 1

Delaware The First State

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AFFINITY EHEALTH 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 THIRD DAY OF FEBRUARY, A.D. 2025.

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

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

Charuni P. Sanchez, Secretary of State

C. G. Sanchez

Authentication: 202840422

Date: 02-03-25