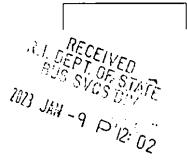


State of Rhode Island
Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum



Pursuant to the provisions of <u>RIGL 7-1,2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:

Eat Well Global, Inc

2. It is incorporated under the laws of: Delaware

3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is: 5/6/2011

And the period of its duration is: CHECK ONE BOX ONLY

Perpetual (on-going)

Date certain for dissolution _

5. The address of its principal office is:

50 Main Street, Suite 1000, White Plains, NY 10606

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name Corporation Service Company

Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200

City/Town Warwick

State RHODE ISLAND

Zip Code 02888

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

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7. The purpose or purpo	ses which it p	roposes to pursue in the	transaction of	business in Rhode Island are:		
A specialized strate	gic agency	on a mission to emp	ower global	change agents in		
food and nutrition.	-		-			
8. (a) The names and re state or country of which	spective addre	esses of its directors (op ited):	otional, unless	directors are required under the laws of the		
NAME		ADDRESS				
		· · · · · ·				
			. <u> </u>			
	01 - C	<u> </u>		Check the box to indicate an attachment		
8. (b) The names and re	spective addre	esses of its principal offi	cers (mandato	ry if directors are not required under the laws		
of the state or country of	f which it is inc	orporated):				
OFFICE	NAME		ADDRESS			
PRESIDENT	Julie Meyer		405 Second Street, Brooklyn, New York, NY 1121			
VICE PRESIDENT	Erin Kappelhof		1600 W Marion Ave., Apt 233, Punta Gorda, FL 33			
TREASURER	Vanessa Costa		20 Elm St, Darien, CT 06820			
SECRETARY						
······································	.		<u> </u>	Check the box to indicate an attachment		
9. The aggregate numbe par value, and series, if	er of shares wi any, within a c	nich it has authority to is lass, is:	sue; itemized	by classes, par value of shares, shares without		
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE		
475	Common			0.001		
475	Common			0.001		
50	Common			0.001		
		·				
			-			
				e of the property of the corporation to be operty of the corporation to be owned during		
the following year, where	ever located. (Note: Percentage obtail	hed from works	sheet.)		
0 %						
70						
11. An estimate, as a p	ercentage, of	the proportion of the gro	oss amount of	business to be transacted by the corporation		
at or from places of busi	iness in Rhode	e Island during the follow	ving year comp	pared to the gross amount thereof which will be		
transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)						
<u>0 </u>						
			<u></u>			

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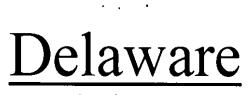
FORM 150 - Revised 12/2021

 This application must be accompanied by a <u>Certificate</u> formation dated within 60 days of the date of this filing. 	e of Good Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective:	CHECK ONE BOX ONLY
Date received (Upon filing)	
Later effective date (Date must be no more than 90 d	lays from the date of filing)
Under penalty of perjury, I declare and affirm that I have e accompanying attachments, and that all statements conta	xamined this Application for Certificate of Authority, including any ined herein are true and correct.
Type or Print Name of Authorized Officer	Date
Vanessa Costa	1/4/2023
Signature of Authorized Officer of the Corporation	
Vanensa, Conta.	

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EAT WELL GLOBAL, 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 FOURTH DAY OF JANUARY, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EAT WELL GLOBAL, INC" WAS INCORPORATED ON THE SIXTH DAY OF MAY, A.D. 2011.

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



Jeffroy W. Busineca, Secretary of State)

Authentication: 202421063 Date: 01-04-23

Page 1

4979351 8300 SR# 20230030725

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

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

January 09, 2023 12:02 PM

Treng M. Course

Gregg M. Amore Secretary of State

