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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Wellness Life Systems LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

D. BRUCE

JAN 28 2008

EXAMINER

1/28/2008

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CT CORP

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

IN COMPLIANCE WITH SECTION 608503, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECESTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

same unavailable, enter alternate name adopted for the	ne purpose of transacting business in Florida and attach a copy	of the written
npany,""L.L.C.,"""LLC.")	the alternate name. The alternate name must include "Limited	Liability
fissouri .	_ 20-1132039	
urisdiction under the law of which foreign limited in ompany is organized)	ability (FEI number, if applicable)	
July 19, 2004	g Perpetual	
(Date of Organization)	(Duration: Year limited liability company will ca exist or "perpetual")	isc to
(See sections 608,501 & 608.	iss in Florida, if prior to registration.) 502 F.S. to determine penalty liability)	
1003 Walnut Street, Suite 400		
Kunsus City, MO 64106		¥., c
(Street A	Address of Principal Office)	
Colinsia de Maria de Maria de Companyo de	Abanie Boss	AH,
If limited liability company is a manager-m	surged company, eneck near [_]	
The name and usual business addresses of the	he managing members or managers are as follows:	ARY O
		<u> </u>
		<u> </u>
		25. 25. 25. 25. 25. 25.
Attached is an original certificate of existence, no more urisdiction under the law of which it is organized. (A paletion of the certificate under ceth of the translator mus	•	<u>aga</u> , a
Nature of business or purposes to be condu	neted or promoted in Florida: Mail-order Diabetic Supp	ncs
and Diabetic Shoes and Inserts for Customers		
Penny Stair	metz 1/15/2008	
Signature of a member of	or an authorized representative of a member.	•
(In accordance with section 608.	es of parjury that the facts stated herein are true.)	

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If name unavai	lable, the alternate name to b	e used in the state	of Florida is:	
2. The name at	nd the Florida street address	of the registered ag	cent and office are:	TALL
	СТ	Corporation System		 ₽
		(Name)		TAR ASS
	1200	South Pine Island Road	1	. EE.
	Florida Street Address (F.O. Box NOT ACCEPTABLE)			
	Plantatioa	FI.	33324	STATE
		City/State/Zip		≯
liability comparagent and agree relating to the p	imed as registered agent and the place designated in the to act in this capacity. I further oper and complete performany position as registered agent of Campation System. (Signature)	his certificate, I hen her agree to comply moe of my duties, a	with the provisions of all an familiar with and a	nt as registered statutes accept the

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STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

08 JAN 28 PH 3: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIG

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify the records in my office and in my care and custody reveal that

WELLNESS LIFE SYSTEMS LLC LC0600157

was created under the laws of this State on the 19th day of July, 2004, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 24th day of January, 2008

Scoretury of State

Certification Number: 10385891-1 Reference:

Verify this certificate online at http://www.cos.mo.gov/businessentity/verification

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