

mao000062928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

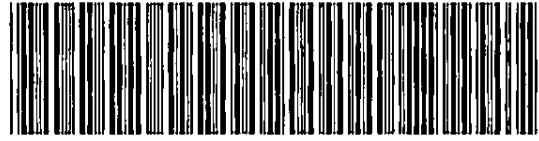
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2021 MAR 16 A 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 16 2021
T. LEWELIX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wellness Way Jacksonville LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Patrick M Flynn
Name of Person

The Wellness Way Green Bay
Firm/Company

2638 Tulip Lane STE B
Address

Green Bay WI 54313
City/State and Zip Code

bsimoens@thewellnessway.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brianna Simoens at (920) 246-5386
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2020

PATRICK M FLYNN
2638 TULIP LN STE B
GREEN BAY, WI 54313

SUBJECT: WELLNESS WAY JACKSONVILLE LLC
Ref. Number: W20000024044

We have received your document for WELLNESS WAY JACKSONVILLE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 520A00004792

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

Wellness Way Jacksonville LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company" or "LLC")

If the name of a state or foreign jurisdiction is adopted for the purpose of transacting business in Florida, the alternate name must be a Florida limited liability company name.

Wisconsin

84-3997418

(Jurisdiction under the law of which foreign limited liability company is organized)

(EIN number - Applicant's)

02/01/2020

(Date first transacted business in Florida (if prior to registration) (See sections 605.002 & 605.009, F.S. to determine permitted liability)

6100 Greenland Rd.

2638 Tulip Lane

(Street Address of Principal Office)

(Mailing address)

Suite 101

Suite B

Jacksonville, FL 32258

Green Bay, WI 54313

Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name

Jennifer Vannoy

Office Address

6100 Greenland Rd. Suite 101
Jacksonville

Florida

32258

(Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Jennifer Vannoy

(Registered agent's signature)

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:**

Manager Name: Patrick Flynn

Member Address: 2638 Tulip Lane

Authorized Suite B

Person Green Bay WI 54313

Other Owner Other _____

Title or Capacity: **Name and Address:**

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: Brianna Simoens

Member Address: 2638 Tulip Lane

Authorized Suite B

Person Green Bay WI 54313

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

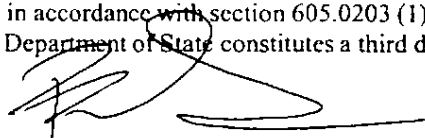
Person _____

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 s.817.155, F.S.



Signature of an authorized person

Brianna Simoens

Typed or printed name of signee

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

WELLNESS WAY JACKSONVILLE, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is December 05, 2019.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 12, 2020.

A handwritten signature in cursive script that reads "Patti Epstein".

PATTI EPSTEIN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **262291-FBA9CBAE**