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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

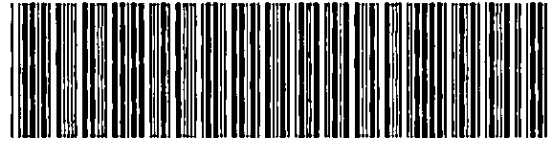
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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2021 JAN 28 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FL

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US
1/28/21 ✓

20354 kwl
CBW



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2021

ROBERT LEWIS
925 WESTCHESTER AVENUE
SUITE 400
WHITE PLAINS, NY 10604

SUBJECT: WELLNESS PATRIOTS, LLC
Ref. Number: W21000002821

We have received your document for WELLNESS PATRIOTS, LLC and your check(s) totaling \$125.00. 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.

Yvette Scott
Document Specialist II

Letter Number: 321A00000612

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JAN 26 2021

KEIDEL, WELDON & CUNNINGHAM, LLP

ATTORNEYS AT LAW

925 Westchester Avenue, Suite 400
White Plains, NY 10604

Telephone: (914) 948-7000
Telefax: (914) 948-7010 (Not for Service)
<http://www.kwcllp.com>

December 24, 2020

Via Priority Mail

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

Re: Wellness Patriots, LLC
Application by Foreign LLC For Authorization to Transact Business in
Florida
Our File: 20354

Dear Sir or Madam:

Enclosed please find the following:

- An application by Wellness Patriots, LLC to transact business as a foreign corporation in Florida;
- A check for the filing fee in the amount of \$125, made payable to the Florida Department of State; and
- A recent printout of Wellness Patriot's Franchise Tax Account status (which we understand to be the equivalent of a certificate of existence in Wellness Patriots' home state of Texas).

Please let us know if you need any additional information or documentation to process this request.

Thank you.

Sincerely,

Robert W Lewis
Robert Lewis

Encl.

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STATE
TALLAHASSEE, FL

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Wellness Patriots, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Texas 812592503
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1445 Ross Avenue
(Street Address of Principal Office)

Suite 2400, Attention Mike Alfred

Dallas, TX 75202

6. PO Box 6627
(Mailing Address)

McKinney, TX 75071

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SECRETARY OF STATE
TALLAHASSEE, FL

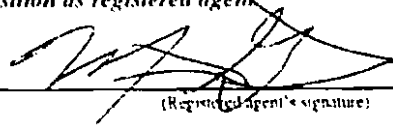
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Legal Services, LLC

Office Address: 155 Office Plaza Drive, Suite A

Tallahassee, Florida 32301
(City) (Zip code)

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.


(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: Louis Iorio

Member Address: PO Box 6627

Authorized McKinney, TX 75071

Person _____

Other _____ Other _____

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

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: Denise Iorio

Member Address: PO Box 6627

Authorized McKinney, TX 75071

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

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 CLERK OF STATE
 PALM BEACH COUNTY, FL

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

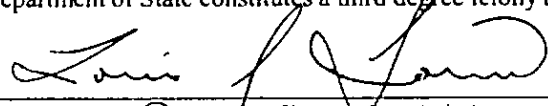
Person _____

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

Louis J. Iorio

 Typed or printed name of signee

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Ruth R. Hughs
Secretary of State

Office of the Secretary of State

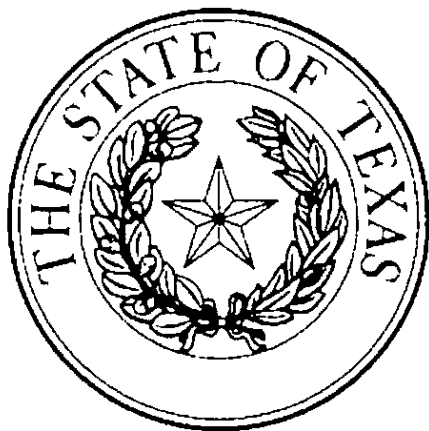
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Wellness Patriots, LLC (file number 803604369), a Domestic Limited Liability Company (LLC), was filed in this office on April 27, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 19, 2021.

FILED
2021 JAN 28 PM 1:27
SECRETARY OF STATE
TALLAHASSEE



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State

Come visit us on the internet at <https://www.sos.texas.gov/>

Phone: (512) 463-5555
Prepared by: Deborah Rogers

Fax: (512) 463-5709
TID: 10264

Dial: 7-1-1 for Relay Services
Document: 1021323020003