

ma1000014326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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T. LEMIEUX

T. LEMIEUX

OCT 28 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dona Wellness Clinic L.L.C

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:

Marie Rodriguez Dona

Name of Person

Dona Wellness Clinic

Firm/Company

4214 Amber Ridge Lane

Address

Valrico, Florida, 33594

City/State and Zip Code

drmarierodz@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Rodriguez Dona

732

8232063

at ()

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

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:

(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," "LLC," or "L.C."

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

3. _____
(FBI number, if applicable)

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

5. Street Address of Principal Office)

6. _____
(Mailing Address)

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

Office Address: 7901 4th St N, STE 300 St. Petersburg , Florida

_____, Florida 33702
(City) (Zip code)

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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.

Bill Hare

(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: Marie Rodriguez Dona
☐ Member	Address: 4214 Amber Ridge Lane
☐ Authorized	Valrico, Florida, 33594
Person	
☐ Other	☐ Other

☐ Manager	Name:
☐ Member	Address:
☐ Authorized	
Person	
☐ Other	☐ Other

☐ Manager	Name:
☐ Member	Address:
☐ Authorized	
Person	
☐ Other	☐ Other

<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name:
☐ Member	Address:
☐ Authorized	
Person	
☐ Other	☐ Other

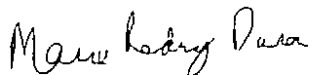
☐ Manager	Name:
☐ Member	Address:
☐ Authorized	
Person	
☐ Other	☐ Other

☐ 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

Marie Rodriguez Dona

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

10/20/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Dona Wellness Clinic L.L.C.

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

A handwritten signature in cursive script, reading "Veronica W. Desrosiers".

Acting Secretary of the Commonwealth

Certification Number: TSC211020152023-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>