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	Acc#I20160000072
Name:	Well Labs Plus, LLC
Document #:	
Order #:	14928174
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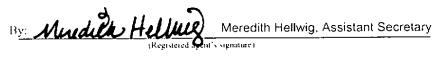
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Well Labs Plus, LLC	Limited Liability Company, must include "Limite	d Liability Compan	v," "L.L.C.," or "LLC.")	
1		•		
III name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The alternate na	me must include "Lamited Liability Co	ompany," "L.I. C." or "LI.C."
2. Delaware	nich foreign limited liability company is organized)	3.	(FEI number, if app	1
(Jurisdiction under the law of wh	nch foreign limited hability company is organized)		тел пшпвет, п арр	ilicable)
4.	_			
	(Date first transacted business in Florida, if prior to (See sections 605,0901 & 605,0905; F.S. to determ	registration) ine penalty liability)		
5 The Corporation Trust (Street Address of Principal Office)	Company	6. The Co	orporation Trust Company uling Address)	
1209 Orange Street, W	ilmington, DE 19801	1209 O	range Street, Wilmington.	2023 DE 1980[23
			range Street, Wilmington.	s-mar-44
				75
7. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT acceptab	le)	7 7
				ş: ?
Name:	C T Corporation System			ကိ
Office Address:	1200 South Pine Island Road			
	Plantation		33324 Florida	
	(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.



8. For initial index manage [up to six (ing purposes, list names, title or capacity and a (i) total]:	addresses of the primary	members/mana	agers or persons authorized to
Title or Capacity:	Name and Address:	Title or Capacity	<u>::</u>	Name and Address:
□Manager	Name: Becky Pessin	□Manager	Name:	
□Member	Address: 8008 Carondelet Avenue	□Member	Address:	
■Authorized	Clayton, MO 63105	□Authorized		
Person		Person		
□Other	—···	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other		Other
□Manager	Name:	□Manager	Name	***************************************
-		-		
□Member	Address:	□Member	Address	
□Authorized		□Authorized		4.741 .
Person		Person		
□Other	Other	□Other		□Other
9. Attached is a cert jurisdiction under the of the translator mu 10. This document	is executed in accordance with section 605.020 ment to the Department of State constitutes a the following for the first person.	lorida Department of Sta , duly authenticated by thate is in a foreign languag 03 (1) (b), Florida Statute	te Annual Rep te official havinge, a translation es. I am aware t	ort form. ng custody of records in the of the certificate under oath hat any false information
	Becky Pessin			

Typed or printed name of signee

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WELL LABS PLUS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TENTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203316397

Date: 05-10-23