

F13000003351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

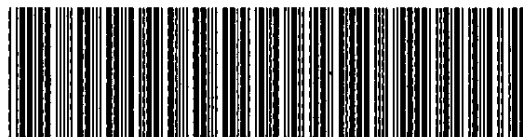
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/25/13--01025--002 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2013

JEFF CROY
YO-FI WELLNESS, LLC
116 RETREAT PLACE
PONTE VEDRA BEACH, FL 32082

SUBJECT: YO-FI WELLNESS, INC.
Ref. Number: W13000042586

We have received your document for YO-FI WELLNESS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 613A00018358



A Fresh Approach to Personal Wellness

July 24, 2013

Yo-Fi Wellness, LLC is a Missouri limited liability company which is registered to do business in Florida. Yo-Fi Wellness, LLC is currently the sole owner of Yo-Fi Wellness, Inc., a Delaware corporation. Yo-Fi Wellness, LLC hereby consents to the registration by Yo-Fi Wellness, Inc. as a foreign corporation which is authorized to conduct business in the State of Florida using its current name, Yo-Fi Wellness, Inc., and hereby consents to the use of the name "Yo-Fi Wellness" by Yo-Fi Wellness, Inc. in the State of Florida. Please contact the undersigned if there are any questions.

Sincerely,

Yo-Fi Wellness, LLC

By: 
Jeff Croy, Manager

KORN & ZEHMER, P.A.
ATTORNEYS AT LAW

1301 RIVERPLACE BOULEVARD
SUITE 1818
JACKSONVILLE, FLORIDA 32207
TELEPHONE (904) 356-5500
TELEFAX (904) 356-5502

SUITE 315, 822 A1A NORTH
PONTE VEDRA BEACH, FLORIDA 32082
TELEPHONE (904) 280-0005
TELEFAX (904) 280-2901

PLEASE REPLY TO:
PONTE VEDRA BEACH
WRITER'S EXTENSION: 232
E-MAIL: hquinn@kornzehler.com

July 24, 2013

VIA FEDERAL EXPRESS

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Yo-Fi Wellness, Inc.; Application By Foreign Corporation For Authorization To
Transact Business in Florida

Sir or Madam:

On behalf of Yo-Fi Wellness, Inc., enclosed for filing please find the following:

- 1) Application By Foreign Corporation For Authorization To Transact Business
in Florida;
- 2) Original Certificate of Existence (Code to verify is in lower left hand corner);
and
- 3) Authorization Letter by Yo-Fi Wellness, LLC (parent company to Yo-Fi
Wellness, Inc.) to approve use of the name.

Also enclosed is check for \$78.75 for the filing fee and certified copy. If you have any
questions, please call.

Sincerely,



Heather Quinn
Paralegal to John Zehmer

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Yo-Fi Wellness, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jeff Croy

Name of Person

Yo-Fi Wellness, LLC

Firm/Company

116 Retreat Place

Address

Ponte Vedra Beach, Florida 32082

City/State and Zip code

jcroy@yofiwellness.com

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

For further information concerning this matter, please call:

Jeff Croy

Name of Person

at (505) 231-0310

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|--|---|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Yo-Fi Wellness, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 36-4767307

(FEI number, if applicable)

4. July 19, 2013

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Not Applicable

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 116 Retreat Place, Ponte Vedra Beach, Florida 32082

(Principal office address)

116 Retreat Place, Ponte Vedra Beach, Florida 32082

(Current mailing address)

8. Business Services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name:

Jeff Croy

Office Address:

116 Retreat Place

Ponte Vedra Beach

(City)

, Florida

32082

(Zip code)

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DIVISION OF CORPORATIONS

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Jeff Croy

Address: 116 Retreat Place
Ponte Vedra Beach, Florida 32082

Vice Chairman: _____

Address: _____

Director: Kendra Jordan

Address: 283 Clearwater Drive, Ponte Vedra Beach, Florida 32082

Director: James Dalton

Address: 140 West Monroe Street, Suite 200, Jacksonville, Florida 32082

B. OFFICERS

President: Jeff Croy

Address: 116 Retreat Place
Ponte Vedra Beach, Florida 32082

Vice President: _____

Address: _____

Secretary: Kendra Jordan

Address: 283 Clearwater Drive, Ponte Vedra Beach, Florida 32082

Treasurer: Kendra Jordan

Address: 283 Clearwater Drive, Ponte Vedra Beach, Florida 32082

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  **PRESIDENT**

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Jeff Croy **PRESIDENT**

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "YO-FI WELLNESS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF AUGUST, A.D. 2013.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS



5370789 8300

130949601

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0637367

DATE: 08-02-13