

F1500000Q1750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

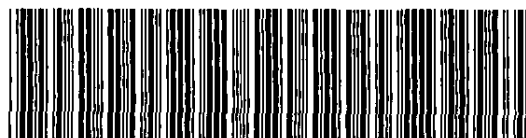
(Business Entity Name)

(Document Number)

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15 APR 24 PM 4:18
15 APR 24 AM 8:33
TO ACKNOWLEDGE
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3458 LAKESHORE DRIVE
TALLAHASSEE, FLORIDA 32312
(850) 656-4724
TOLL FREE: 844-541-6792

COVER LETTER

WALK IN

ENTITY NAME: Wellness Solutions, Inc

CK # 1661

AMOUNT: 78.75

PLEASE FILE THE ATTACHED AND RETURN:

☐ PLAIN COPY

☒ CERTIFIED COPY

PLEASE CONTACT TINA AT 850-508-1891 FOR
FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT

15 APR 24 AM 8:33

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Wellness Solutions, 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:

Linda Lee Howard

Name of Person

Baker, Donelson, Bearman, Caldwell & Berkowitz, PC

Firm/Company

211 Commerce Street, Suite 800

Address

Nashville, TN 37201

City/State and Zip code

lhoward@bakerdonelson.com

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

For further information concerning this matter, please call:

Linda Lee Howard

at (615) 726-7315

Name of Person

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:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$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. Wellness Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Wellness Solutions of Florida, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Tennessee 3. 20-3227582
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/26/2005 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 04/13/2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2323 21st Avenue South, Suite 306, Nashville, TN 37212-4930
(Principal office address)
- 73 White Bridge Road, Suite 103-243, Nashville, TN 37205-1444
(Current mailing address)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

9. 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.

NRAI Services, Inc.
By: Gwendolyn Andrews
(Registered agent's signature)

Gwendolyn Andrews, Sp. Assistant Secretary

10. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Laura S. Reaves

Address: 73 White Bridge Road #103-243

Nashville, TN 37205

Director: Steven Scesa

Address: 73 White Bridge Road #103-243

Nashville, TN 37205

B. OFFICERS

President: Laura S. Reaves

Address: 73 White Bridge Road #103-243

Nashville, TN 37205

Vice President: Steven Scesa Additional VP: Rachel Anderson

Address: 73 White Bridge Road #103-243 73 White Bridge Road #103-243

Nashville, TN 37205 Nashville, TN 37205

Secretary: Steven Scesa

Address: 73 White Bridge Road #103-243, Nashville, TN 37205

Treasurer: Steven Scesa

Address: 73 White Bridge Road #103-243, Nashville, TN 37205

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

12. _____

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.

13. Steven Scesa, Vice President

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



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

BAKER DONELSON BEARMAN CALDWELL & BERKOWITZ

April 22, 2015

LINDA LEE HOWARD
SUITE 800
211 COMMERCE STREET
NASHVILLE, TN 37201

Request Type: Certificate of Existence/Authorization
Request #: 0160248

Issuance Date: 04/22/2015
Copies Requested: 1

Document Receipt

Receipt #: 002021472

Filing Fee: \$22.25
\$22.25

Payment-Credit Card - State Payment Center - CC #: 162188098

Regarding: **WELLNESS SOLUTIONS, INC.**

Filing Type: For-profit Corporation - Domestic

Control #: 498877

Formation/Qualification Date: 07/26/2005

Date Formed: 07/26/2005

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: DAVIDSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

WELLNESS SOLUTIONS, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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