

F16000001344

(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



100282940551

03/21/16--01016--018 **70.00

160

16 MAR 21 PM 3:20

RECEIVED

MAR 22 2016

✓ SUIKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wellcare Dimensions Incorporated
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:

Robert L Hood
Name of Person
Wellcare Dimensions Inc
Firm/Company
1015 Via Villagio
Address
Hypoxia FL 33462
City/State and Zip code
bobh@wellcaredimensions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Hood at (940) 634-2860
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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. WELLCARE DIMENSIONS INCORPORATED
(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. ILLINOIS 3. 36-4208541
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Dec 19, 1997 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Dec 1, 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1015 Via Villagio Hypoluxo FL 33462
(Principal office address)

(Current mailing address, if different)


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

Name: Robert L Hood

Office Address: 1015 Via Villagio
Hypoluxo, Florida 33462
(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.


(Registered agent's signature)

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.

16 MAR 21 PM 3:20

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

A. DIRECTORS

Chairman: C. Ann Hawkins-Hood

Address: 1015 Via Villagio
Hypoluxo FL 33462

Vice Chairman: _____

Address: _____

Director: Robert L Hood

Address: 1015 Via Villagio
Hypoluxo FL 33462

Director: _____

Address: _____

B. OFFICERS

President: C. Ann Hawkins-Hood

Address: 1015 Via Villagio
Hypoluxo FL 33462

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. [Signature]

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. [Signature]

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

16 MAR 21 PM 3:20
CLERK OF COURT
TALLAHASSEE, FLORIDA

File Number

5972-927-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

WELLCARE DIMENSIONS INCORPORATED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 19, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 14TH
day of MARCH A.D. 2016 .



Authentication #: 1607401414 verifiable until 03/14/2017

Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE