

F16000004716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

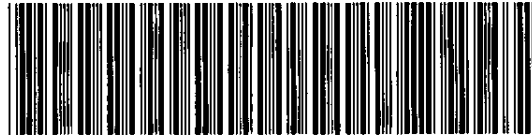
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/20/16 -01003- -007 **78.75

OCT 21 2016
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT 20 AM 10:09 16 OCT 20 AM 11:00
RECEIVED
DEPT. OF S. Y.

COVER LETTER

TO: Registration Section
Division of Corporations
Wellmerica, Inc.

SUBJECT: _____
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:

INCORPORATING SERVICES, LTD.	Name of Person
_____	Firm/Company
TALLAHASSEE, FL 32301	Address
_____	City/State and Zip code
radiv@incserv.com	E-mail address: (to be used for future annual report notification)

16 OCT 2011 AM 10:03

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TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Melissa	656-7956
_____	at (_____) _____
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:

- | | | | |
|---|--|--|---|
| <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. Wellmerica, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware 3. 81-4108129
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 10, 2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3109 Grand Avenue #219, Miami, Florida 33133
(Principal office address)
- _____ (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Incorporating Services, Ltd.
- Office Address: 1540 Glenway Drive
- Tallahassee, Florida 32301
(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.

Melissa K. [Signature]
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Director: Jacob B. Halpert

Chairman: _____
Address: 3109 Grand Avenue #219, Miami, Florida 33133

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

CEO Morris Don Hairston

President: _____
Address: 3109 Grand Avenue #219, Miami, Florida 33133

Vice-President: Jacob B. Halpert

Address: 3109 Grand Avenue #219, Miami, Florida 33133

Secretary: Morris Don Hairston

Address: 3109 Grand Avenue #219, Miami, Florida 33133

Treasurer: Morris Don Hairston

Address: 3109 Grand Avenue #219, Miami, Florida 33133

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

12. Morris Don Hairston
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. MORRIS DON HAIRSTON, CEO
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WELLMERICA, 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 TWENTIETH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WELLMERICA, INC." WAS INCORPORATED ON THE TENTH DAY OF OCTOBER, A.D. 2016.

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

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TALLAHASSEE, FLORIDA



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SR# 20166284688

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203193033

Date: 10-20-16