

F200000003664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

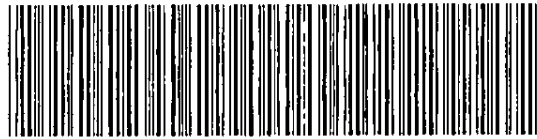
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2020 AUG 21 PM 11:15

2020 AUG 21 PM 2:19

RECEIVED

2020 AUG 21 PM 2:19

SBF  
8/24/20

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 395117 8039599

AUTHORIZATION :

*Signature*

COST LIMIT : \$ 87.50 1

ORDER DATE : August 18, 2020

ORDER TIME : 10:42 AM

ORDER NO. : 395117-005

CUSTOMER NO: 8039599

FOREIGN FILINGS

NAME: WELLAWAY LIMITED

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WellAway Limited Company

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:

Alyson Osman

Name of Person

WellAway Limited

Firm/Company

5200 Blue Lagoon Drive, Suite 100

Address

Miami, Florida 33126

City/State and Zip code

aosman@wellaway.com

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

For further information concerning this matter, please call:

Alyson Osman

at (305) 632-6499

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

2520 11:21 PM 11:10

**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. WellAway Limited Company  
(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. Bermuda 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 11, 2014 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. August 18, 2020  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5200 Blue Lagoon Drive, Suite 100, Miami, Florida 33126  
(Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

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.*

Corporation Service Company  
By: Amanda E. Robinson  
(Registered agent's signature)

**Amanda Robinson**  
Asst. Vice President

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

# A. DIRECTORS

☐ Chairman Name: Griselle Chernys  
☐ Vice Chairman Address: 5200 Blue Lagoon Drive  
☒ Director Suite 100  
☒ President Miami, Florida 33126  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Leonard Chernys  
☐ Vice Chairman Address: 5200 Blue Lagoon Drive  
☒ Director Suite 100  
☐ President Miami, Florida 33126  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Estera Services  
☐ Vice Chairman Address: Victoria Place, 5th Floor  
☐ Director 31 Victoria Street  
☐ President Hamilton HM 10, Bermuda  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

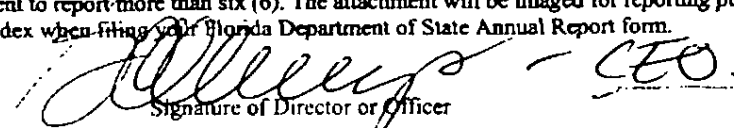
☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. \_\_\_\_\_

  
 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. Griselle Chernys, President  
 (Typed or printed name and capacity of person signing application)



# APOSTILLE

(Convention de La Haye du 5 Octobre 1961)

1. Country: United Kingdom in respect of Bermuda

This Public Document

2. Has been signed by Janita K. Burke

3. Acting in the capacity of Notary Public

4. Bears the seal/stamp JANITA K. BURKE, NOTARY PUBLIC, BERMUDA

Certified

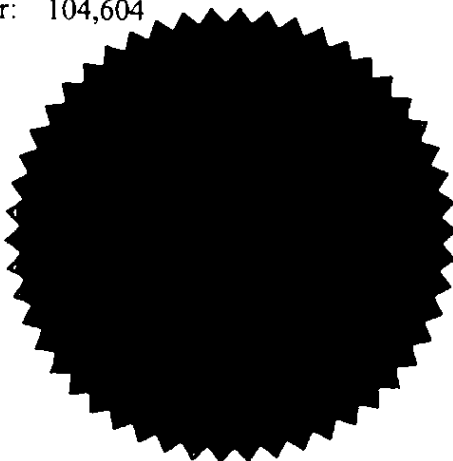
5. At Bermuda

6. On 18<sup>th</sup> August, 2020

7. By the Governor and Commander-in-Chief of the Bermudas or Somers Islands or any member of his staff, signing on his behalf and using his official seal.

8. Number: 104,604

9. Seal



10. Signature:

Rowan A. Kerr  
Governor and  
Commander-in-Chief

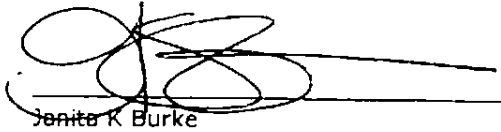
If this document is to be used in a country which is not a party to the Hague Convention of 5 October 1961, it should be presented to the consular section of the mission representing that country. An apostille or legalization certificate only confirms that the signature, seal or stamp on the document is genuine. It does not mean that the contents of the document are correct or that the Parliamentary Registry Office approves of the contents.

2020-08-21 PM 11:15

# NOTARIAL CERTIFICATE

I, Janita K Burke, a Notary Public duly enrolled and qualified in and for the Islands of Bermuda, **DO HEREBY CERTIFY AND DECLARE** that the document attached hereto is a true and correct copy of a Certificate of Compliance issued on 13 August 2020 by the Registrar of Companies.

**IN TESTIMONY WHEREOF I**, the said Notary Public, have hereto set my hand and Official Notarial Seal this 17 August 2020.

  
Janita K Burke

Janita K. Burke  
Notary Public  
Victoria Place, 5<sup>th</sup> Floor  
31 Victoria Street  
Hamilton HM 10  
Bermuda  
Date: 17 August 2020



2020.08.21 17:11:15



**BERMUDA**  
**MINISTRY OF FINANCE**  
**CERTIFICATE OF COMPLIANCE**

---

I, Maria Boodram, Assistant Registrar of Companies, in the Islands of Bermuda, do hereby certify that

WellAway Limited

is a company duly incorporated under the laws of Bermuda and is, at the date of this Certificate, in good standing, under the Companies Act 1981.



Given under my hand and the Seal of the  
REGISTRAR OF COMPANIES this  
13<sup>th</sup> day of August 2020

Maria Boodram  
Assistant Registrar of Companies

21/08/20 11:16



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aosman@wellaway.com

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☐ \$78.75 Filing Fee &  
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☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

2022 21 11:16