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(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wellnesse PBC

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:

Seth Spears

Name of Person

Wellnesse PBC

Firm Company

195 E Point Washington Rd.

Address

Santa Rosa Beach, FL 32359

City, State and Zip code

seth@wellnesse.com

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

For further information concerning this matter, please call:

Seth Spears

Name of Person

850
at ()
Area Code

820-2000

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

Wellnesse Corp

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

2. Delaware 84-2167524
(State or country under the law of which it is incorporated) (EIN number, if applicable)

4. 06/21/2019 2
(Date of incorporation) (Date of duration, if other than perpetual)

6. January 1, 2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 395 E. Point Washington Rd. Santa Rosa Beach, FL 32459
(Principal office street address)

(Current mailing address, if different)

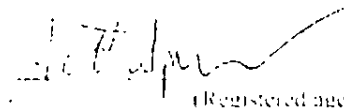
8. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name: Seth Spears

Office Address: 395 E. Point Washington Rd.
Santa Rosa Beach FL 32459
(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

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

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A. DIRECTORS

☐ Chairman Name Seth Spears
☐ Vice Chairman Address 395 E. Point Washington Rd
☐ Director Santa Rosa Beach, FL 32459
☒ President _____
☐ Vice President _____
☐ Secretary _____ Treasurer _____
☐ Other _____ Other _____

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ Treasurer _____
☐ Other _____ Other _____

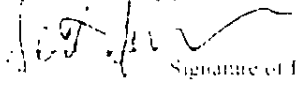
☐ Chairman Name Catherine Spears
☐ Vice Chairman Address 395 E. Point Washington Rd
☐ Director Santa Rosa Beach, FL 32459
☐ President _____
☒ Vice President _____
☐ Secretary _____ Treasurer _____
☐ Other _____ Other _____

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ Treasurer _____
☐ Other _____ Other _____

☐ Chairman Name Nicholas Green
☐ Vice Chairman Address 4509 Glencoe Ave
☐ Director Marina Del Ray, CA 90292
☐ 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) attests 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 § 817.155, F.S.

13 Seth Spears, President
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WELLNESSE PBC" 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 TWENTY-FOURTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WELLNESSE PBC" WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2019.



7479497 8300

SR# 20211985061

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

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

Authentication: 203274551

Date: 05-24-21