

F220000001382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

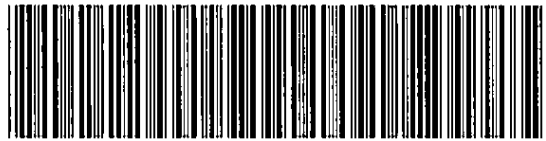
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W082-27253

Office Use Only



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2022 MAR -2 AM 10:33

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2022 MAR -2 PM 3:08

S. FRANKLIN

MAR 09 2022

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 3/2/2022

**PRIORITY** Regular Approval

**OUR REF. # (Order ID#)** 1014147

**ORDER ENTITY**  
WEECARE, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**WEECARE, INC. (FL)**

File the attached foreign qualification document and provide a certified copy.

**NOTES:**

\$78.75 Authorized

Email address for annual report reminders: [stobles@fenwick.com](mailto:stobles@fenwick.com)

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2022 MAR -8 PM 2:50  
TALLAHASSEE, FLORIDA

March 3, 2022

INCSERV

SUBJECT: WEECARE, INC.  
Ref. Number: W22000027253

Please return the  
original submission dated  
as the file date March 3

3/2/22

We have received your document for WEECARE, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes  
Regulatory II

Letter Number: 122A00005239

Please return the  
original submission dated  
as the file date March 3

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

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

2. Delaware 3. 82-2418770  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 1, 2017 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. March 1, 2022  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4223 Glencoe Ave, Suite C125, Marina Del Rey, CA 90292  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

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

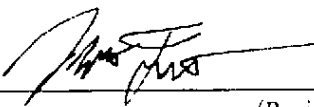
Name: Jesse Forrest

Office Address: 1222 W Las Olas Blvd

Fort Lauderdale, Florida 33312  
(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]:

FILED  
2022 MAR -2 AM 10:33  
TALLAHASSEE, FL

# A. DIRECTORS

☐ Chairman Name: Jessica Chang  
☐ Vice Chairman Address: c/o WeeCare, Inc.  
☒ Director 4223 Glencoe Ave. Suite C125  
☒ President Marina Del Rey, CA 90292  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Richard Kerby  
☐ Vice Chairman Address: c/o WeeCare, Inc.  
☒ Director 4223 Glencoe Ave. Suite C125  
☐ President Marina Del Rey, CA 90292  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Matthew Reilly  
☐ Vice Chairman Address: c/o WeeCare, Inc.  
☐ Director 4223 Glencoe Ave. Suite C125  
☐ President Marina Del Rey, CA 90292  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Chief Marketing Officer ☐ Other \_\_\_\_\_

☐ Chairman Name: Jesse Forrest  
☐ Vice Chairman Address: c/o WeeCare, Inc.  
☒ Director 4223 Glencoe Ave. Suite C125  
☐ President Marina Del Rey, CA 90292  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Chief Technology Officer ☐ Other \_\_\_\_\_

☐ Chairman Name: Anna Barber  
☐ Vice Chairman Address: c/o WeeCare, Inc.  
☒ Director 4223 Glencoe Ave. Suite C125  
☐ President Marina Del Rey, CA 90292  
☐ 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]  
 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. Jessica Chang  
 (Typed or printed name and capacity of person signing application)

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# Delaware

The First State

Page 1

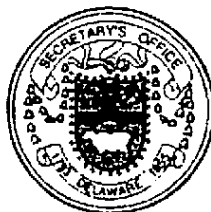
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEECARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF MARCH, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEECARE, INC." WAS INCORPORATED ON THE FIRST DAY OF AUGUST, A.D. 2017.

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

FILED  
2022 MAR -2 AM 10:33  
NOTARY PUBLIC  
DELAWARE



  
Jeffrey W. Bullock, Secretary of State

6498925 8300

SR# 20220850458

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202803000

Date: 03-02-22