## F22100002872

Office Use Only



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S. FRANKLIN MAY 0 9 2022

## **COVER LETTER**

| FO: Registration Section Division of Corporations   |  |                 |  |  |
|---|--|-----------------|--|--|
| SUBJECT: The Well Fruit Company, Inc.   |  |                 |  |  |
| 30B0B011  | oration - must include suffix  | <del></del>     |  |  |
| Dear Sir or Madam:  |  |                 |  |  |
| The enclosed "Application by Foreign Corporation" Certificate of Existence," or "Certificate of Goodabove referenced foreign corporation to transact by       | d Standing" and check are submitted to regist  |                 |  |  |
| Please return all correspondence concerning this i  | matter to the following:   |                 |  |  |
| Pattie McLeod   |  |                 |  |  |
| Nai   | me of Person   |                 |  |  |
|   |  |                 |  |  |
| Firm  | n/Company  | _               |  |  |
| 3390 W Wyoming Cir  |  |                 |  |  |
|   | Address  | 70              |  |  |
| Tampa, FL 33611   |  | 2027 H R 20     |  |  |
| City/S  | State and Zip code   | R 2             |  |  |
| pmclcod@mcdiweightloss.com  |  | 0               |  |  |
| E-mail address: (to be  | used for future annual report notification)  | PH 4: 34        |  |  |
| For further information concerning this matter, please call:  |  |                 |  |  |
| Pattic McLeod 813   | 549-6371   |                 |  |  |
|   | ea 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:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, FL 32314 |                 |  |  |
| Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTS  \$70.00 Filing Fee  \$78.75 Filing Fee &  Certificate of Status | & <b>=</b> \$78.75 Filing Fee & <b>=</b> \$87.50 F   | ate of Status & |  |  |

## 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.

| <u>.                                      </u> |                             |                        |                  | <u> </u>  |                |  |  |
|--|-----------------------------|------------------------|------------------|---|----------------|--|--|
|  | ole in Florida, enter alter |                        |                  |   |                |  |  |
| Delaware<br>———————                            | under the law of which      | 3.                     | 87-1033946<br>   | 7-1035946 (FEI number, if applicable)           |                |  |  |
|  |                             | it is incorporated)    |                  | (FEI number, if app                             | olicable)      |  |  |
| 04/13/2021                                     |                             | 5.                     | _                | of duration, if other the                       |                |  |  |
| (Date o  | of incorporation)           |                        | (Date            | e of duration, if other the                     | han perpetual) |  |  |
|  | <u> </u>                    |                        |                  | _   |                |  |  |
|  |                             | transacted business in |                  | or to registration)<br>termine penalty liabilit | v)             |  |  |
| 5105   | N. Howard                   | Averve 1/              | υΞ,1.5., 10 de   | Tampa F   | 733603         |  |  |
| <del></del>                                    | 7-1 (100-1)                 | (Principal office      | ce street addre  | ess)  | _ <del></del>  |  |  |
|  |                             |                        |                  |   |                |  |  |
| _  |                             | (Current mailing       | g address, if di | fferent)  |                |  |  |
|  |                             |                        |                  |   |                |  |  |
| Name and street                                | address of Florida re       | gistered agent: (P.O   | . Box NOT        | acceptable)                                     |                |  |  |
| Name:  | James Mosbaugh              |                        |                  |   | 707            |  |  |
| Name.  | 70! !!                      | 11 2 (1                |                  |   | 2022 APR 20    |  |  |
| ice Address:                                   | 3 100 W. N.                 | H B St.                |                  |   | <del>2</del>   |  |  |
|  | Tampa.                      | City)                  | . Florida        | 37609   | 20             |  |  |
|  | (0                          | City)                  | ,                | (Zip code)                                      | 7              |  |  |
|  | nt's acceptance:            |                        |                  |   |                |  |  |
| n  |                             |                        |                  |   | -              |  |  |

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.

| A. DIRECTORS   |   |                                    |             |            |  |  |
|--|---|------------------------------------|-------------|------------|--|--|
| ` □Chairman  | Name: John Liapeman   | □Chaiппал                          | Name:       |            |  |  |
| □Vice Chairman   | Address: 5101 N. Howard Dur                                     | □Vice Chairman                     | Address:    |            |  |  |
| □Director  | Tanpa, F: 33603   | Director                           |             |            |  |  |
| President  |   | □President                         |             | _          |  |  |
| □Vice President  |   | □Vice President                    |             |            |  |  |
| Secretary  | Treasurer   | □Secretary                         |             | □Treasurer |  |  |
| Other <u>CE</u>  | <i>U</i> □Other   | □Other                             |             | □Other     |  |  |
| □Chairman<br>□Vice Chairman<br>□Director   | Name: Teff Rome  Address: 5101 N. Howard An  Tampa, F1 73607    | □Chairman □Vice Chairman □Director | Address:    |            |  |  |
| President  | <u> </u>  | □President                         |             |            |  |  |
| □Vice President  |   | □Vice President                    |             |            |  |  |
| ☐ Secretary  | □Treasurer  | ☐ Secretary                        |             | □Treasurer |  |  |
| Other  | Other   | □Other                             |             | □Other     |  |  |
| ☐ Chairman ☐ Vice Chairman ☐ Director  | Name: James Mosbavon Address: 5101 N. Nuwand Dre Tumpe F1 33603 | ☐Chairman ☐Vice Chairman ☐Director |             | <i>₩</i>   |  |  |
| □President   |   | President                          |             | PH         |  |  |
| □Vice President  |   | □Vice President                    |             |            |  |  |
| ☐ Secretary  | □Treasurer  | ☐ Secretary                        | <del></del> | □Treasurer |  |  |
| JOther CSC   |   | 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 |   |                                    |             |            |  |  |

she is aware that false information submitted in a document s.817.155, F.S.

13. James Mosbaugh

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE WELL FRUIT COMPANY, 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 EIGHTEENTH DAY OF APRIL, 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 "THE WELL FRUIT COMPANY, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF APRIL,

A.D. 2021.

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

2022 APR 20 PH 4: 35



Authentication: 203201545

Date: 04-18-22

5834853 8300 SR# 20221496730