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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

_	ion of Corporations			
SUBJECT:	Serenity Family Wellness, Ltd	/Serenity Fam	ity Wellness, Inc.	
	Name of	corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corf Existence," or "Certificate code foreign corporation to tra	of Good Stand	ling" and check are submitt	
Please return	all correspondence concernin	g this matter	to the following:	
Raya Bogard				
		Name of I	Person	
Malecki & Bro	ooks Law Group, LLC			
		Firm/Comp	oany	
205 E. Butterf	ield Road, Suite 225			
		Addre	SS	
Elmhuist, IL 6	0126			
		City/State ar	d Zip code	
rbogard@mbh				
<u> </u>	E-mail address:	(to be used fo	or future annual report notif	ication)
For further in	formation concerning this ma	tter, please ca	all:	
Raya Bogard	ra Bogard 708 257-5143			
Nam	e of Person	Area Code	Daytime Telephon	e Number
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	:	MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	on orations
	check for the following amounce payable to: FLORIDA DE ing Fee	PARTMENT Fee & □		☐ \$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.

Serenity Family Wellness, Ltd. TAIP

(Enter name of co	Weilness, I.id. INC, proporation; must include "INCORPORATED," " propose," "Inc.," "Co," or "Corp.")	COMPANY," "CORPORATION,"		-	
Scienity Family	Wellness,				
(If name unavails	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting bus	iness in Plorida)		
2. Illinois	3.			_	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicat	ole)		
4. 6/14/2013	5	(Date of duration, if other than p			
	of incorporation)	(Date of duration, if other than p	erpetual)		
6. 5/1/2022					
V	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) c, F.S., to determine penalty Hability)			
5078 SE Askew A	Ave., Stuart, FL 34997				
<u> </u>	(Principal office	street address)	\$ % \$ 40 **	207	
	(Current mailing)	address, if different)		.;-) .:-	, 30.
	(carrent maning)) 16	-
8 Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		2	Cartes . f
	Kristine Tohtz	·	(3) (3) (1) (1)	AH 6: 06	2 de
Name:		-	i∏ €0	ف	
Office Address:	5078 SE Askew Ave.	<u> </u>	E A	90	
•	Stuart (City)	34997 Florida	, - ,		
	(City)	(Zip code)			
6 n					
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rel r with and accept the obligations of my posit	nt as registered agent and agree to ative to the proper and complete pe	acı in inis cap	шсну.	1
	\s\ Kristine <u>Tohtz</u>		_		
-	(Registered agent's sign	and to see I			

the Department of State, by the Secretary of State or other official having enstody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS				
□Chairman	Name: Kristine Tohtz	□ Chairman	Name:	
□Vice Chairman	Address: 4078 SE Askew Ave.	□Vice Chairman	Address:	
■Director	Smart, FL 34997	□Director		
■ President		□President		
□Vice President		□Vice President		
■ Secretary	■ Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		···
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other		□Other
□Chairman	Name:	□Chairman 		
□Vice Chairman	Address;	□Vice Chairman	Address:	·
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other		□Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The attended to the index when filing your Florida Departn	tachment will be image nent of State Annual R	ed for reporting eport form.	purposes only. Non-indexed
12		000		
she is aware that fa s.817.155, F.S.	Signature of Director ctor significant this document (and who is listed in numbralse information submitted in a document to the Department, President	per 11 above) aftirms t		

File Number

6898-784-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SERENITY FAMILY WELLNESS, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 14, 2013, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of JUNE A.D. 2022 .

Authentication #: 2216002584 venfiable until 06/09/2023
Authenticate at: http://www.ilsos.gov

SECRETARY OF STATE