Florida Department of State

Division of Corporations

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To: Trans#870793

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (800)345-4647
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT

WELLCOME MD LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

OCT 17 2016

R. HUNT

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Kimberly Weidenbach 800-432-3622 (03/03) 10/17/2016 12:10:08 P

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 OCT 17 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000038114

1. Limited Liability Company's Name
Wellcome MD, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
9108 Windover Court		9108 Windover Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Richmond, Virginia		Richmond, Virginia	
Zip	Country	Zip	Country
23229	USA	23229	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 03/02/2015

6. FEI Number
47-3427341
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,
155 Office Plaza Dr., Suite A

Apt. #, Ste.

City	State	Zip Code
Tallahassee	FL	32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Krista Ali Krista Ali, on behalf of Capitol Corporate Services, Inc. Date 10/17/16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Linda Nash	9108 Windover Court	Richmond, Virginia 23229
	REINSTATEMENT		
		OCT 17 2016	
		R. HUNT	

11. E-mail Address: wrabke@glvlawfirm.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am 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.

Signature of authorized representative/member Linda Nash Date 10/17/16 Daytime Phone # 804-629-7133

Typed or printed name of signing authorized representative/member Linda Nash