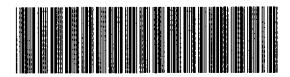
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Fir		•

Office Use Only

W3-68988



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SECRETARY OF STATE
TALLAHASSEE, FLORID

CR2E027 (9/10)

#### **COVER LETTER**

TO:	Registration Section			
	Division of Cornoration			

WellCenters, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

James M Jordan		
Name of Person		
WellDyne, Inc.		
Firm/Company		
500 Eagles Landing Drive		
Address		
Lakeland Florida 33810		
City/State and Zip Code		
administration@welldyne.com		
E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

Sandy Lovern

,888 \ 479-20

Name of Person

Area Code & Daytime Telephone Number

**MAILING ADDRESS:** 

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy



December 18, 2013

JAMES M JORDAN 500 EAGLES LANDING DRIVE LAKELAND, FL 33810

SUBJECT: WELLCENTERS, LLC Ref. Number: W13000068988

We have received your document for WELLCENTERS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete number 9 of your application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tim Burch Regulatory Specialist II

Letter Number: 313A00028733

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN T.	ΉE	STATE OF FLORIDA:			
WellCenters, LLC					
(Name of Foreign Limited Liability Company; must inc	lude	"Limited Liability Company," "L.L.C" o	r "LLC.	.")	
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the alt					
Company," "L.L.C," "LLC.")	. •		13111110	a 151ai	
<sub>2</sub> Delaware	3.	263505202			
(Jurisdiction under the law of which foreign limited liability company is organized)	٥.	(FEI number, if applicable)			<del></del>
4 08/18/2008	5	Perpetual			
(Date of Organization)	٥.	(Duration: Year limited liability company will cease to exist or "perpetual")			
6					
(Date first transacted business in F (See sections 608.501 & 608.502 F.	ilori S. te	da, if prior to registration.) o determine penalty liability)			
7. 500 Eagles Landing Drive, Lakelan	ıd,	Florida 33810	ZZ ZZ		
· · · · · · · · · · · · · · · · · · ·			CAE.	DEC	E
(Street Address	ss of	Principal Office)	(n)	5	First meta.
8. If limited liability company is a manager-manage	d c	ompany, check here		7)	
9. The name and usual business addresses of the ma	ınag	ging members or managers are as fol		<del></del>	A. Sanday
500 Eagles Landing Drive, Lakelar	nd,	, Florida 33810	D.F.	ىت	
Well Dyne Holding Corporation					
3 1					
10. Attached is an original certificate of existence, no more than 9	90 d	avs old, duly authenticated by the official, bay	/ino cus	tody of	— Trecords i
the jurisdiction under the law of which it is organized. (A photoc translation of the certificate under oath of the translator must be st	ору	is not acceptable. If the certificate is in a for	-	-	
11. Nature of business or purposes to be conducted	or p	promoted in Florida: Any lawful	busi	ines	S
					·
Damin La					
Signature of a member or an a	uth	orized representative of a member.			
(In accordance with section 608 408(3) E.S. the ex-	ecut	ion of this document constitutes an affirmation	under the	_	

penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Damien Lamendola

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Lia WellCenters, LLC	bility Company is:	
If unavailable, the alternate to b	e used in the state of Florida is:	
2. The name and the Florida str	reet address of the registered agent and office are:	
James N	1 Jordan	<b>13</b> DE
	(Name)	250
500 Eag	les Landing Drive	ന (് ന
Flo	rida Street Address (P.O. Box NOT ACCEPTABLE)	
Lakeland	FL 00010	
	City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WELLCENTERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF DECEMBER, A.D. 2013.

4588829 8300

131392573 You may verify this certificate online at corp. delaware. gov/authver. shtml

Jeffrey W. Bullock, Secretary of State AUTHENTY CATION: 0964919

DATE: 12-10-13