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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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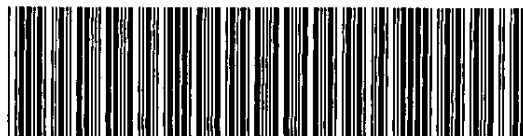
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 AUG 21 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 24 2015

LAW OFFICES OF
OSHINS & ASSOCIATES, LLC
1645 VILLAGE CENTER CIRCLE, SUITE 170
LAS VEGAS, NEVADA 89134
(702) 341-6000
Fax (702) 341-6001
WWW.OSHINS.COM

August 17, 2015

Division of Corporations
Registration Section
Clifton Building
P. O. Box 6327
Tallahassee, FL 32314

Re: Everwell Management LLC
Everwell Health LLC
Everwell Wellness LLC
Everwell Performance LLC

To Whom It May Concern:

Enclosed you will find Applications by Foreign LLC for Authorization to Transact Business in Florida and Certificate of Good Standing for the above-referenced entities along with the filing fees of \$155 per entity. Please file these documents and return certified copies to me in the enclosed envelope. If you have any questions, please feel free to contact me.

Thank you for your assistance in this regard.

Very truly yours,

OSHINS & ASSOCIATES, LLC



Kris Henderson, Paralegal
On behalf of Kristen E. Simmons

KSH:mtf
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EVERWELL HEALTH 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:

Kristen E. Simmons

Name of Person

Oshins & Associates, LLC

Firm/Company

1645 Village Center Circle, Suite 170

Address

Las Vegas, NV 89134

City/State and Zip Code

ksimmons@oshins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen E. Simmons, Esq.

702
at ()

341-6000

Name of Contact 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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. EVERWELL HEALTH LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C." or "LLC.")

2. NEVADA

(Jurisdiction under the law of which foreign limited liability
company is organized)

3.

(FEI number, if applicable)

4. UPON FILING

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 491 DEER POINT DR.

GULF BREEZE, FL 32561

(Street Address of Principal Office)

6.

(Mailing Address)

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

Name: CHRISTOPHER M. SCHULTE

Office Address: 491 DEER POINT DRIVE

GULF BREEZE

(City)

, Florida 32561

(Zip code)

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.*

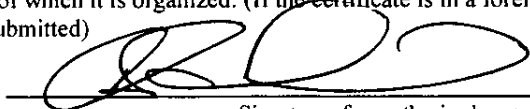


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

CHRISTOPHER M. SCHULTE, Manager, 491 Deer Point Drive Gulf Breeze, FL 32561

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)



Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

CHRISTOPHER M. SCHULTE

Typed or printed name of signer

FILED
2015 AUG 21 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE



FILED
2015 AUG 21 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY CHARTER

I, BARBARA K. CEGAVSKE, the Nevada Secretary of State, do hereby certify that **EVERWELL HEALTH LLC** did on August 10, 2015, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 10, 2015.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20150810-0964
You may verify this certificate
online at <http://www.nvsos.gov/>