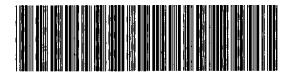
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(Re	questor's Name)	
· (Ad	dress)	
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	(0)	70
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(50	Siliess Littly Hai	ne)
• (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
C	Filippo Officery	
Special Instructions to	Filing Officer:	
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W15-65141

COVER LETTER

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•	gistration Section vision of Corporatio	ns						
SUBJECT:	Wellthy Network L							
obole.	Name of Limited Liability Company							
					unsact Business in Florida," Certificate y company to transact business in Flor			
Please return	all correspondence	concerning this matter to the	following:					
	Robert Cardwe	ell						
	Name of Person							
	Wellthy Netwo	ork LLC						
	Firm/Company							
	117 Deerfield	Grove Way						
	Address							
	St Augustine, l	FL 32086						
		City/S	tate and Zip Code					
	bobby@healthta	lksonline.com						
•		E-mail address: (to be used	d for future annual i	report not	tification)			
For further i	nformation concerning	ng this matter, please call:						
Ro	bert Cardwell		423 at (381-02	92			
	Name	of Contact Person	Area Code	Day	rtime Telephone Number			
Div Reg P.C	AILING ADDRESS vision of Corporation gistration Section D. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section Building ecutive Center Circle see, FL 32301			
	a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee. Certificate of Status & Certified Copy			



September 30, 2015

ROBERT CARDWELL 117 DEERFIELD GROVE WAY ST AUGUSTINE, FL 32086 US

SUBJECT: WELLTHY NETWORK LLC

Ref. Number: W15000065141

We have received your document for WELLTHY NETWORK LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 915A00020706

APPLICATION BY FOREIGN LIMITED LIABILITY COMBANY 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:

If name unavailable, enter al liability Company," "L.L.C.	ternate name adopted for the purpose of transa	eting business in Florida. The alternate nar	ne must include "L	imited
Delaware		7-4741372		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	_
l	(S) 2		_	
117 Deerfield Grove W	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S.	da, if prior to registration.) . to determine penalty liability)		
St Augustine, FL 3208			_	
117 Dearfield Grove W	(Street Address of Principal C	office)	5	
117 Deerfield Grove W	ay		- 플레 ઝ	
St Augustine, FL 3208	6			7.3
	(Mailing Address)		288 W	Butalan First when
. Name and street address	ss of Florida registered agent: (P.O. Box 1	NOT acceptable)		
Name:	Robert Cardwell		်ာ္က အ	
	117 Deerfield Grove Way		関連で	**!**
Office Address:			©: 6	
	St Augustine	, Florida 32086 (Zin code)	_	
Registered agent's accep	(City)	(Zip code)		
esignated in this applica o complywith the provisi eccept the obligations of t	rgistered agent and to accept service of protion, I hereby accept the appointment as a cons of all statutes relative to the proper army position as registered agent. (Registered agent acity and address of the person(s) who has	registered agent and agree to act in th nd complete performance of my duties (''s signature)	us capacity. I fui	rther a
Robert Cardwell 🕒 🗛	wthorized Member			
117 Deerfield Grove Way	·			
17 Deerfield Grove Way St Augustine, FL 32086				

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

Robert Cardwell



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

DELAWARE, DO HEREBY CERTIFY THAT "WELLTHY NETWORK, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE EIGHTEENTH DAY OF MAY, A.D. 2015, AT 8:50 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

Authentication: 10337157

Date: 10-31-15