

M18000009804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

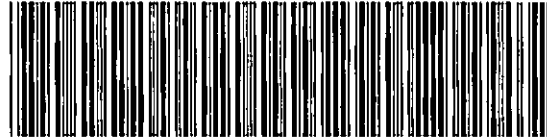
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/12/18--01001--012 **836.75

06/22/18--01007--013 **125.00

FILED
2018 OCT 29 PM 11:57
SECRETARY OF STATE
TALLAHASSEE, FL

UKS
103118



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2018

MATTHEW DECKER
941 N FRONT STREET
PHILADELPHIA, PA 19125 US

SUBJECT: LOVE WELLNESS, LLC
Ref. Number: W18000084023

2018 OCT 29 PM 3:09

We have received your document for LOVE WELLNESS, LLC and your check(s) totaling \$763.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L12000095322.

Please return the corrected original and one copy of 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.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 818A00019567

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOVE WELLNESS, 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:

MATTHEW DECKER

Name of Person

Firm/Company

941 N. FRONT STREET

Address

PHILADELPHIA, PA 19125

City/State and Zip Code

MATTDECKER570@GMAIL.COM

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

For further information concerning this matter, please call:

MATTHEW DECKER

570

762-4644

at (

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

1. LOVE WELLNESS, LLC

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

LOVE DOCTORS, LLC

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

2. PENNSYLVANIA

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

3. 82-1150107

(Tax number, if applicable)

4. August 15, 2017

(Date for which business is authorized to transact business in Florida)

please use for mailing

5. 941 N. FRONT STREET

(Street Address of Principal Office)

PHILADELPHIA, PA 19125

6. 941 N. FRONT STREET

(Mailing Address)

PHILADELPHIA, PA 19125

2026 Jackson St. N
St. Petersburg, FL
33704

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

Name: Abby Perrone

Office Address: 2026 Jackson Street N.

St. Petersburg

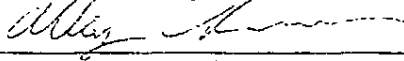
Florida 33704

(City)

(Zip code)

Registered agent's acceptance:

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 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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Managing Member

Abby Perrone

9161 35th Ct. E

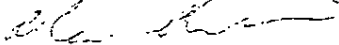
Sarasota, FL 34243

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(Use attachments if necessary)

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)

10. 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.



Signature of an authorized person

Abby Perrone

Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

08/01/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Love Wellness LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC180801221912-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>