

MI9000002482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

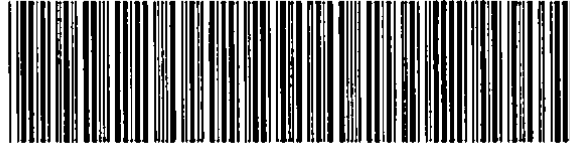
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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FILED  
19 MAR 13 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
MAR 15 2019

cert MI9-16209



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 18, 2019

KIM NGUYEN  
13940 DALE MABRY HWY  
TAMPA, FL 33618

SUBJECT: GLOBAL HEALTH AND WELLNESS ASSOCIATES LLC  
Ref. Number: W19000016209

We have received your document for GLOBAL HEALTH AND WELLNESS ASSOCIATES 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):

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.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 419A00003470

RECEIVED  
MAR 13 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GLOBAL HEALTH AND WELLNESS ASSOCIATES 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:

KIM NGUYEN

Name of Person

RELIANCE CONSULTING LLC

Firm/Company

13940 N DALE MABRY HWY

Address

TAMPA, FL 33618

City/State and Zip Code

KIM@RELIANCECPA.COM

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

For further information concerning this matter, please call:

KIM NGUYEN

813

931-7258

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$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:

GLOBAL HEALTH AND WELLNESS ASSOCIATES LLC

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

If alternate name is available, 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."

7232450 DE

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

3. 83-3171158

(FEI number, if applicable)

1/16/2019

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

2107 GUNN HWY

(Street Address of Principal Office)

6. 2107 GUNN HWY

(Mailing Address)

ODESSA, FL 33556

ODESSA, FL 33556

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

Name:

KIM NGUYEN / RELIANCE CONSULTING LLC

Office Address:

13940 N DALE MABRY HWY

TAMPA

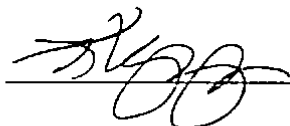
(City)

33618

(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)

FILED  
19 MAR 13 PM 12:42  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to image [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: SYNCHEALTH MSO LLC

☐ Member Address: 2107 GUNN HWY

☐ Authorized ODESSA, FL 33556

☐ Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

☐ Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

☐ Person

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name:

☐ Member Address:

☐ Authorized

☐ Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

☐ Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

☐ Person

☐ Other ☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

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

  
\_\_\_\_\_  
Typed or printed name of signee

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLOBAL HEALTH AND WELLNESS ASSOCIATES 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 FOURTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLOBAL HEALTH AND WELLNESS ASSOCIATES LLC" WAS FORMED ON THE TENTH DAY OF JANUARY, A.D. 2019.

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



7232450 8300

SR# 20191482485

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202368216

Date: 03-04-19