

M19000003886

(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:

Penalty W18-38025
RA Sign + Cus

Office Use Only



500311674195

04/19/18--01016--008 **160.00

04/17/18--01019--025 **777.50

FILED
19 APR 16 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

APR 17 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2018

MARK MULRAY
HAEALTHEWELL SOLUTIONS, LLC
10 CANAL STREET, STE. 237
BRISTOL, PA 19007

SUBJECT: HEALTHWELL SOLUTIONS, LLC
Ref. Number: W18000038025

We have received your document for HEALTHWELL SOLUTIONS, 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):

- ✓ Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

✓ *Check # 1146
\$777.50* There is a balance due of \$638.75.

- ✓ The registered agent must sign accepting the designation.

- ✓ 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 118A00008185

RECEIVED

APR 16 2019

www.sunbiz.org

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HealthWell Solutions

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:

Mark Mulray

Name of Person

HealthWell Solutions

Firm/Company

10 Canal Street, Suite 237

Address

Bristol, PA 19007

City/State and Zip Code

mmulray@healthwellcorp.com

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

For further information concerning this matter, please call:

Stewart Levy

267

241-4809

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

1. HealthWell Solutions, 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. Pennsylvania

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

3. 26-3874310

(FEI number, if applicable)

4. 9/1/17

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

5. 10 Canal Street, Suite 237

(Street Address of Principal Office)

Bristol, PA 19007

6. Same as principal office address

(Mailing Address)

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

Name: Nevine Nass

Office Address: 302 N.W. 16th St.

Delray Beach, FL

(City)

Florida 33444

(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.

Nevine Nass

4/9/2019

(Registered agent's signature)

DocuSigned by:

Nevine Nass

E09D1B40CF214FD..

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:

Stewart Levy

10 Canal Street, Suite 237

President & CEO

Bristol, PA 19007

Mark Mulray

10 Canal Street, Suite 237

VP. Operations

Bristol, PA 19007

(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.

Mark Mulray
Signature of an authorized person

Mark Mulray

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

04/11/2019

FILED
19 APR 16 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

HealthWell Solutions 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

Kathleen Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190411120788-1

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