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B KINSEY AUG 1 4 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 878765 710006

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: August 12, 2019

ORDER TIME : 9:05 AM

ORDER NO. : 878765-020

CUSTOMER NO: 7100061

FOREIGN FILINGS

NAME: D-WELL STUART LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	D-WELL STUART LI (Name of Foreign	LC Limited Liability Company; must include "Limited I	Liability Company," "L.L.C.," or "LLC.")			-
(If	name umanijahle enter alternate r	name adopted for the purpose of transacting business in Florida	a. The alternate game must include "I imited I jabili	ib: Compens: " "1	L C " or "I I	-
	DELAWARE	and adopted for the purpose of a academy connects in 1 on the	3. APPLIED FOR	пу сопрану,	u,c, u uc	C. 1
(Junisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)			
4.						
٠.		(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605 0905, F.S. to determine	istration) penalty liability)			
5.	27599 RIVERVIEW	CENTER BLVD.	6. 27599 RIVERVIEW CENTE	ER BLVD.	201	
	(Street Address of SUITE 201	Principal Office)	(Mailing Address SUITE 201	s)	AUC	~7
	BONITA SPRINGS, F		BONITA SPRINGS, FL 341	34 -	<u> </u>	الحدي دعد
					_	. १ .च्या
7.	Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		AH 10:	
	Name:	Corporation Service Company		<u> </u>	<u>5</u>	
	Office Address:	1201 Hays Street		, -	-	
		Tallahassee	, Florida 32301			
_	gistered agent's accep	(City)	(Zip code)	_		
8.	The name, title or capa	(Registered agera's tigst acity and address of the person(s) who has/	•	PSICENT Name and A	Address:	
	MANAGER	D-WELL MANAGER LLC				
		27599 Riverview Center Blvd #201 Bonita Springs, FL 34134				
(L	Ise attachments if neces	sary)				
j ur of 1 0 .	isdiction under the law of the translator must be subseted. This document is exect	of existence, no more than 90 days old, due of which it is organized. (If the certificate is abmitted) uted in accordance with section 605.0203 (In the Department of State constitutes a third	s in a foreign language, a translation 1) (b), Florida Statutes. I am aware t	n of the certif	îcate und	er oath
			n authorized person	_		
		V / Signature of a	ar eugen accu per son			
		Joy S	. Goldman			
		Typed or prin	nted name of signer			

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

DELAWARE, DO HEREBY CERTIFY "D-WELL STUART 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 TWELFTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "D-WELL STUART LLC" WAS FORMED ON THE TWELFTH DAY OF AUGUST, A.D. 2019.

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

THE PARTY OF THE P

Authentication: 203394608

Date: 08-12-19