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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Online Wellness Leaders L.L.C.  Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate 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:	
Name of Person	
Online Wellness LC Firm/Company	
6511 Adriatic Way	
West Palm Beach FL 33413  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person  Area Code  Daytime Telephone Number  STREET ADDRESS:	•
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	•
Enclosed is a check for the following amount:  \$\Begin{align*} \begin{align*} \text{\$125.00 Filing Fee} & \Begin{align*} \text{\$\$130.00 Filing Fee & Certified Copy} \end{align*} \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$ \$	ate

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0402 FLORIDA STATUTES. THE FOR COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	LLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILIT
1. Online Wellness Lealers L	., L. C,
(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 Florid	ia. The alternate name must include "Limited Liability Company," "1.1. C." or "[1.C."]
2. De la Ware  (Jurisdiction under the law of which foreign limited hability company is organized)	3. 83 - 2133503 (FEI number, if applicable)
	neij
(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	estration.) pertally liability)
5. 6511 Adriatic Way	6. 651) Adriatic Way
West Palm Beach	West Palm Beach
FL 33413	FL 33413 S
7. Name and street address of Florida registered agent: (P.O. Box 1	
Name: Registeren Agents Inc	
Office Address: 7901 4th Street NS	fe 300
St. Petersburg	Florida 3370 2
Registered agent's acceptance: Inving been named as registered agent and to accept service of pro- lesignated in this application, I hereby accept the appointment as re- to comply with the provisions of all statutes relative to the proper and accept the obligations of my position as registered agent.	existered agent and agree to act in this canacity. I further agen-
Bell Assert Sign	

	, – 11
<u>CEO</u>	Ira Friedberg
	6511 Adriatic Way
	West Palm Beach FL 33413
(00)	Mohsin Naeem
	7205 Damita Drive
	Lake Worm, FL 33413
	. P
(Use attachments if necessary)	بن هن کړ هن کړ
	no more than 90 days old, duly authenticated by the official having custody of record organized. (If the certificate is in a foreign language, a translation of the certificate us
	dance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false informment of State constitutes a third degree felony as provided for in s.817.155, F.S.
$\cap$	

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ONLINE WELLNESS LEADERS 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONLINE WELLNESS LEADERS LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2018.

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

Authentication: 203618758

Date: 09-18-19