

MA 000011763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

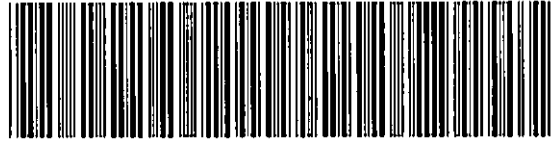
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 DEC 11 11:11:02

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 096367 4304492

AUTHORIZATION

COST LIMIT \$ 125.00

ORDER DATE : December 10, 2019

ORDER TIME : 11:25 AM

ORDER NO. : 096367-010

CUSTOMER NO: 4304492

FOREIGN FILINGS

NAME: POWER WELLNESS MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

2011113512

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Power Wellness Management, 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:

Maria Principe

Name of Person

DLA Piper LLP

Firm/Company

444 W. Lake Street, Suite 900

Address

Chicago, IL 60606

City/State and Zip Code

maria.principe@dlapiper.com

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

For further information concerning this matter, please call:

Maria Principe

312

368-3404

Name of Contact Person

at ()

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:

1. Power Wellness Management, 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. Illinois

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

3. 36-4313590

(FEI number, if applicable)

upon registration

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

5. 851 Oak Creek Drive

(Street Address of Principal Office)

6. 851 Oak Creek Drive

(Mailing Address)

Lombard, IL 60148

Lombard, IL 60148

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida

32301

(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.

Corporation Service Company
By: 

(Registered agent's signature)

Amanda Robinson
Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total): **SEE ATTACHMENT FOR FULL LIST OF EIGHT (8) MANAGERS.**

Title or Capacity: Name and Address:

☒ Manager Name: Brian Hummert

☐ Member Address: 851 Oak Creek Drive

☐ Authorized Lombard, IL 60148

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Kenneth D. Gorman

☐ Member Address: 851 Oak Creek Drive

☐ Authorized Lombard, IL 60148

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Alvin L. Gorman

☐ Member Address: 851 Oak Creek Drive

☐ Authorized Lombard, IL 60148

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: James Bremner

☐ Member Address: 851 Oak Creek Drive

☐ Authorized Lombard, IL 60148

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Jim Hussey

☐ Member Address: 851 Oak Creek Drive

☐ Authorized Lombard, IL 60148

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Troy Linback

☐ Member Address: 851 Oak Creek Drive

☐ Authorized Lombard, IL 60148

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.

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

Brian Hummert

Typed or printed name of signer

Attachment to Florida Application by Foreign Limited Liability Company

for Authorization to Transact Business in Florida

POWER WELLNESS MANAGEMENT, LLC

2019 LIST OF MANAGERS

Brian Hummert, 851 Oak Creek Drive, Lombard, IL 60148

Kenneth D. Gorman, 851 Oak Creek Drive, Lombard, IL 60148

Alvin L. Gorman, 851 Oak Creek Drive, Lombard, IL 60148

James Bremner, 851 Oak Creek Drive, Lombard, IL 60148

Jim Hussey, 851 Oak Creek Drive, Lombard, IL 60148

Troy Linback, 851 Oak Creek Drive, Lombard, IL 60148

Nancy Ham, 851 Oak Creek Drive, Lombard, IL 60148

John Danowski, 851 Oak Creek Drive, Lombard, IL 60148

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File Number

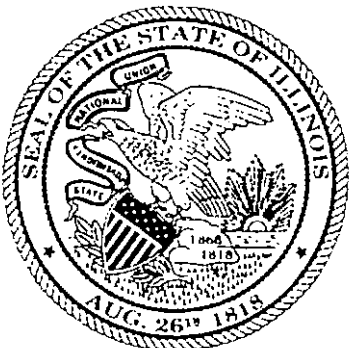
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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

POWER WELLNESS MANAGEMENT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 24, 1999, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 10TH
day of DECEMBER A.D. 2019 .

Jesse White

SECRETARY OF STATE