

MA1000009709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

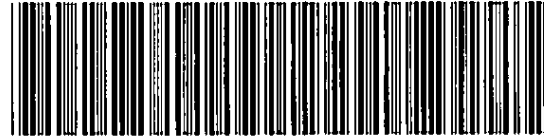
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL 28 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 JUL 28 PM 12:04

TALLAHASSEE, FLORIDA

SP

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 07/28/2021

****WALK IN****

ENTITY NAME THE SANCTUARY WELLNESS INSTITUTE, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125.00

ACCOUNT #: I20160000072

S. R. H.

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE SANCTUARY WELLNESS INSTITUTE, 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:

ELIZABETH DIBELLA

Name of Person

THE SANCTUARY WELLNESS INSTITUTE, LLC

Firm/Company

122 Pottstown Pike

Address

Chester Springs, PA 19425

City/State and Zip Code

bdibella@sanctuarywellnessinstitute.com

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

For further information concerning this matter, please call:

Georgina Vega

at (800) 567-4397

Name of Contact Person

Area Code

aytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. THE SANCTUARY WELLNESS INSTITUTE, 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.

82-5326539

(FEI number, if applicable)

4.

7/30/2021

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

122 Pottstown Pike

5. (Street Address of Principal Office)

Chester Springs, PA 19425

122 Pottstown Pike

6. (Mailing Address)

Chester Springs, PA 19425

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

Name: URS AGENTS, LLC

Office Address: 3458 Lakeshore Drive

Tallahassee

(City)

, Florida 32312

(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.

Georgina Vega, Assistant Secretary

(Registered agent's signature)

FILED
2021 JUL 28 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FL

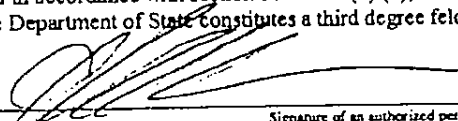
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [p to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Member	Name: <u>John DiBella</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Elizabeth DiBella</u>				
<input type="checkbox"/> Authorized	Address: <u>122 Pottstown Pike</u>	<input type="checkbox"/> Member	Address: <u>122 Pottstown Pike</u>				
Person	<u>Chester Springs PA</u>	<input type="checkbox"/> Authorized	<u>Chester Springs PA</u>				
	<u>19425</u>	Person	<u>19425</u>				
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____				
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____				
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____				
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____				
Person	_____	Person	_____				
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____				
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____				
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____				
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____				
Person	_____	Person	_____				
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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
Elizabeth DiBella

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

07/27/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

THE SANCTUARY WELLNESS INSTITUTE, 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

A handwritten signature in dark ink, appearing to read "Veronica W. Desrosiers".

Acting Secretary of the Commonwealth

Certification Number: TSC210727120936-1

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