

M21000013563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

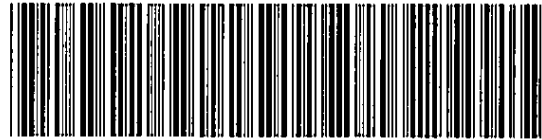
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

8/2

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Wellness Insurance Network Risk Purchasing Group 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:

Kristie Washington

\_\_\_\_\_  
Name of Person

ILSA, Inc.

\_\_\_\_\_  
Firm/Company

111 N. Railroad St.

\_\_\_\_\_  
Address

Groesbeck, TX 76642

\_\_\_\_\_  
City/State and Zip Code

kwashington@ilsainc.com

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

For further information concerning this matter, please call:

Kristie Washington

254

729-6161

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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. Wellness Insurance Network Risk Purchasing Group 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. NH

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

3. 871333900

(FEI number, if applicable)

4.

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

5. 41 Liberty Hill Road Bldg #2

(Street Address of Principal Office)

Henniker, NH 03242

6. 41 Liberty Hill Road Bldg #2

(Mailing Address)

Henniker, NH 03242

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

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408  
(City) (Zip code)

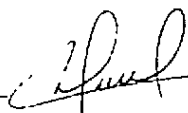
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SECRETARY OF STATE  
TALLAHASSEE, FL

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.

Carlos M Alvarez, Special Secretary

(Registered agent's signature)



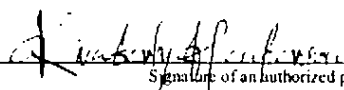
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Kimberly Henderson</u>	<input type="checkbox"/> Manager	Name: <u>Katie Henderson</u>
<input checked="" type="checkbox"/> Member	Address: <u>41 Liberty Hill Road Bldg #2</u>	<input checked="" type="checkbox"/> Member	Address: <u>41 Liberty Hill Road Bldg #2</u>
<input type="checkbox"/> Authorized	<u>Henniker, NH 03242</u>	<input type="checkbox"/> Authorized	<u>Henniker, NH 03242</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Miram Ball</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input checked="" type="checkbox"/> Member	Address: <u>41 Liberty Hill Road Bldg #2</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>Henniker, NH 03242</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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

Kimberly Henderson

Typed or printed name of signer

# State of New Hampshire

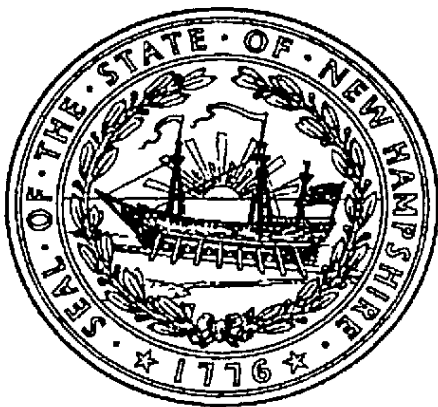
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that WELLNESS INSURANCE NETWORK RISK PURCHASING GROUP LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on June 24, 2021. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 874651

Certificate Number: 0005446088



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 21st day of September A.D. 2021.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner  
Secretary of State