

MA100016631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

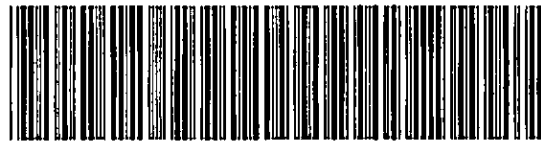
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200377461282

12/07/21--01010--011 **125.00

2021 DEC 7 AM 6:35
FILING OFFICE

2021 DEC -7 AM 6:35

FILED

✓



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605.0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company must submit 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company." The abbreviation "L.L.C." or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

The fees to register are as follows:

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

➤ **Important Information About the Requirement to File an Annual Report**

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

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

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIFELONG WELLNESS 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:

TABITHA A. TAYLOR, ESQ.

Name of Person

BRYANT TAYLOR LAW PLLC

Firm/Company

261 N. UNIVERSITY DRIVE SUITE 500

Address

PLANTATION, FLORIDA 33324

City/State and Zip Code

INFO@SBTTLAW.COM

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

For further information concerning this matter, please call:

TABITHA A. TAYLOR, ESQ.

954 282-9331
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. LIFELONG WELLNESS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Lifelong Wellness FL 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. DELAWARE

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

3. 87-2532403

(FEI number, if applicable)

4. N/A

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

5. 8 THE GREEN SUITE H

(Street Address of Principal Office)

6. 8 THE GREEN SUITE H

(Mailing Address)

DOVER, DE

DOVER, DE

19901

19901

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

Name:

BRYANT TAYLOR LAW PLLC

Office Address:

261 N. UNIVERSITY DRIVE SUITE 500

PLANTATION

(City)

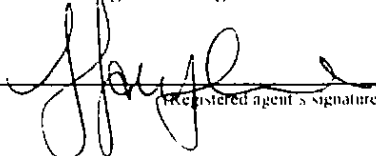
Florida

33324

(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.


(Registered agent's signature)

FILED
2021 DEC - 7 AM 6:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

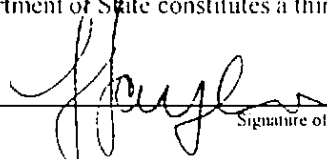
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>TABITHA A. TAYLOR, ESQ.</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>261 N. UNIVERSITY DRIVE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>SUITE 500</u>	<input type="checkbox"/> Authorized	_____
Person	<u>PLANTATION, FL 33324</u>	Person	_____
<input checked="" 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

TABITHA A. TAYLOR, ESQ.

Typed or printed name of signee



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8552248

11-18-2021

TABITHA A. TAYLOR
261 N UNIVERSITY DRIVE
SUITE 500
PLANTATION, FL 33324

ATTN: TABITHA A. TAYLOR, ESQ.

DESCRIPTION	AMOUNT
6213037 - LIFELONG WELLNESS LLC Entity Status - Long Form	
Certification Fee	\$175.00
Expedite Fee, 24 Hour	\$60.00
TOTAL CHARGES	\$235.00
TOTAL PAYMENTS	\$235.00
BALANCE	\$0.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "LIFELONG WELLNESS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:


CERTIFICATE OF FORMATION, FILED THE SECOND DAY OF SEPTEMBER, A.D. 2021, AT 3:26 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIFELONG WELLNESS LLC" WAS FORMED ON THE SECOND DAY OF SEPTEMBER, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

6213037 8315

SR# 20213825389

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204727101

Date: 11-18-21

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**Delaware
Division of
Corporations**

Division of Corporations Survey

401 Federal Street, Suite 4
Dover, DE 19901

Fax: 302-739-7219

On a scale of 1 (unacceptable) to 10 (outstanding), please rate the following questions.

1. How would you rate the overall quality of service provided by the Division of Corporations?
1 2 3 4 5 6 7 8 9 10 NA
2. How would you rate the convenience of our services?
1 2 3 4 5 6 7 8 9 10 NA
3. How would you rate the promptness of service provided?
1 2 3 4 5 6 7 8 9 10 NA
4. How would you rate the accessibility of the Division of Corporations staff?
1 2 3 4 5 6 7 8 9 10 NA
5. How would you rate the training you received from the Division of Corporations staff?
1 2 3 4 5 6 7 8 9 10 NA
6. How would you rate the written materials received from the Division of Corporations?
(Were they easy to read and helpful? i.e., guidelines, forms, DCIS Manual.)
1 2 3 4 5 6 7 8 9 10 NA
7. Were Division of Corporations staff attentive and helpful relative to your comments and concerns?
1 2 3 4 5 6 7 8 9 10 NA
8. Did Division of Corporations staff display professionalism & courtesy?
1 2 3 4 5 6 7 8 9 10 NA
9. Are Division of Corporations staff knowledgeable?
1 2 3 4 5 6 7 8 9 10 NA

Please let us know about experiences and incidents with the Division of Corporations (i.e., staff, equipment, connectivity, customer service) that impressed or disappointed you.

Comments: _____

Company name and contact information: _____

If you would prefer, you may take this survey online at

<https://surveymonkey.com/r/corporationssurvey>